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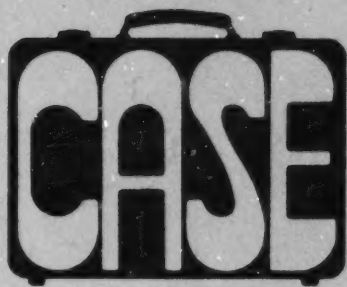
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ABSTRACT

The packet consists of information derived from several sources on models for delivering services to rural handicapped students. The first part of the packet defines "rural," followed by a discussion of factors hindering rural service delivery and a model describing the continuum of services in rural areas. Seven model programs and projects from around the country are highlighted--three building based, one regional based, and three multi-regional based. Three additional projects from Alabama, Kansas, and Maine are included, as well as listings of some 1960s-1970s Title III projects and five ERIC resumes. The greater part of the packet is comprised of a 1975 idea book for implementing special education services in rural remote areas. Under the headings of "Tactical Areas," "Tactical Steps," "Who," "Where," "How," and "When," the areas of program and administration are considered and displayed in step-by-step fashion. Program topics include identification, curricula, training, and parent and community. Administration topics include communication and commitment, staffing, and responsibility and accountability. The final sections of the packet are two introductions to consulting/resource teacher services in Vermont school districts; one is written for elementary schools and the other is written for secondary schools. (BRR)

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**INFORMATION
DISSEMINATION
PACKET**

Delivery of Services to Handicapped
Children in Rural and Sparsely
Populated Areas

Prepared By:

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Indiana University

INDIANA UNIVERSITY

**Department of School Administration
Department of Special Education**

1982

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INFORMATION PACKET

Delivery of Services to Handicapped
Children in Rural and Sparsely
Populated Areas

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I. Restatement of the Information Need

After reviewing the Identification of Information Needs Survey and following up with telephone calls, it was determined that information is needed in locating projects and models dealing with the delivery of services to handicapped students in rural and sparsely populated areas.

II. Description of Research Activities

The material provided in this packet was obtained by means of:

1. ERIC search
2. Securing a list of federally funded projects
 1. Dr. Bobby Palk, Project Director
The University of Alabama
 2. Dr. C. Robert Campbell, Project Director
University of Kansas
Parsons State Hospital and Training Center
 3. Project Maine Stream
 4. Title III projects from Urban reference
3. Contacting State Departments of Education and Universities for information and projects with which they have access.

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III. Definition of Rural

The term rural generates varied perceptions. A person may associate rural with an agricultural area, another may define it by population per square mile, and still another may determine rural by the number of children in a school district. There appears to be no one accepted or standard definition or perception of a rural area. Requests for the topic of this packet came from such places as Orono, Maine, Burns Lake, British Columbia, Canada, Devils Lake, North Dakota, and New Carlisle, Quebec, Canada to mention a few. Although many people have probably not heard of the above mentioned places, each area is unique in itself for being considered a rural area.

Because areas defined as rural are not the same, some are not farming areas and some do not have a two room school house. Some rural areas may be recreational areas and other rural areas may have a new modernized, architectural barrier free school.

For the purpose of clarification, rural is defined by five interrelated variables. They are:

1. Density of handicapped and nonhandicapped school age population;
2. Proximity of community to communities having a large population;
3. Community economic base (i.e., military, agricultural);
4. Natural barriers (i.e., mountains); and
5. Type and availability of supportive services (i.e., mental health, public health, social service welfare, universities)

IV. Factors Hindering Rural Service Delivery to the Handicapped

A review of the literature indicates that there are perceived variables which make it difficult to deliver services to handicapped students residing in rural areas. Discussion of these variables follows. The paper later addresses itself to an attempt to organize a model for delivery of services and to projects that have been developed in rural areas, thus overcoming the obstacles

common to rural areas.

Rural School administrators have found it difficult to service handicapped students when using traditional models for the delivery of special education services. Many times these students left the school setting. They left because of the important economic impact they had on the family unit and because "many rural schools did not provide appropriate and worthwhile learning experiences." (Hoover, 1977.) However, with the recent passage of P.L. 94-142, school districts are compelled to provide a free, appropriate public education for handicapped students.

While literature provides very little information for a school administrator to obtain ideas for developing a special education program at the school district level, it does, however, provide some insight into variables thought to impede the development and effectiveness of programs in rural areas. (Projects and models will be included later in which one may write for information.)

1. Lack of Organizational Readiness. This refers to the existence of well developed needs for the change, together with a positive attitude toward the program. There are four components involved. (Harris and Mahan, 1975.)

- A. Lack of Complementary Services. The special teachers can not provide services to meet all the special needs. Other professional educational personnel are needed to provide services to the handicapped student.
- B. Preconceived Role Rigidity. In some rural areas, teachers may be hired to administer educational and psychological tests and to provide extensive tutority in reading and arithmetic.
- C. Administrative Enertia. The decisions for the educational programs for special education students are often made informally and unilaterally by principals or guidance counselors. It is

common to hire a teacher and then ignore his/her ability to provide input for decisions regarding the program for the child.

- D. Suggestions for Prevention. Besides being well prepared, one must understand, support, and have commitment the teachers and administrators give to the new program.

2. System Shock. This occurs when the balance of role functions and relationships must be readjusted to include a new role, such as that of a special education teacher. An example of this is in the past, the system managed the child, however, now there is a new way for the system to manage the student. To meet difficulties there must be good public relations and also clear statements about the issues. (Harris and Mahan, 1975)

3. Interpersonal Roadblocks. These occur when the regular classroom teachers are possessive of their students, defensive of their teaching, and unwilling to expand beyond the traditional routines, and when the special teacher plays the expert role and fails when the suggested solutions do not work or are impractical. Again good public relations and willingness to cooperate can alleviate this problem. (Harris and Mahan, 1975)

4. Lack of Trained Personnel. All too often untrained and inexperienced teachers are hired to fill a special education teaching position. Trained teachers are just not attracted to rural areas. In order to alleviate this problem, the district may offer in-service training for the teachers occupying the roles of the special education teachers. (Harris and Mahan, 1975, Heller, 1975)

5. Transportation. Some school district's balk at transporting handicapped students long distances to and from the school. Many times the school busses are not equipped with the correct equipment to handle the students, and

the school systems find it too expensive to transport these children. As a result, school systems find it hard to justify to local school boards the transportation resources for handicapped children. (Heller, 1975)

6. Lower Tax Bases With Which to Build and Finance Quality Programs.

With the decreasing agrarian economy, tax collections in rural areas have become lessened. With fewer revenues, the educational systems have difficulty initiating new programs. The high cost of special education programs makes it more difficult. A solution to this problem may be a differentiated funding by state education agencies and the federal government. (Heller, 1975)

Summary

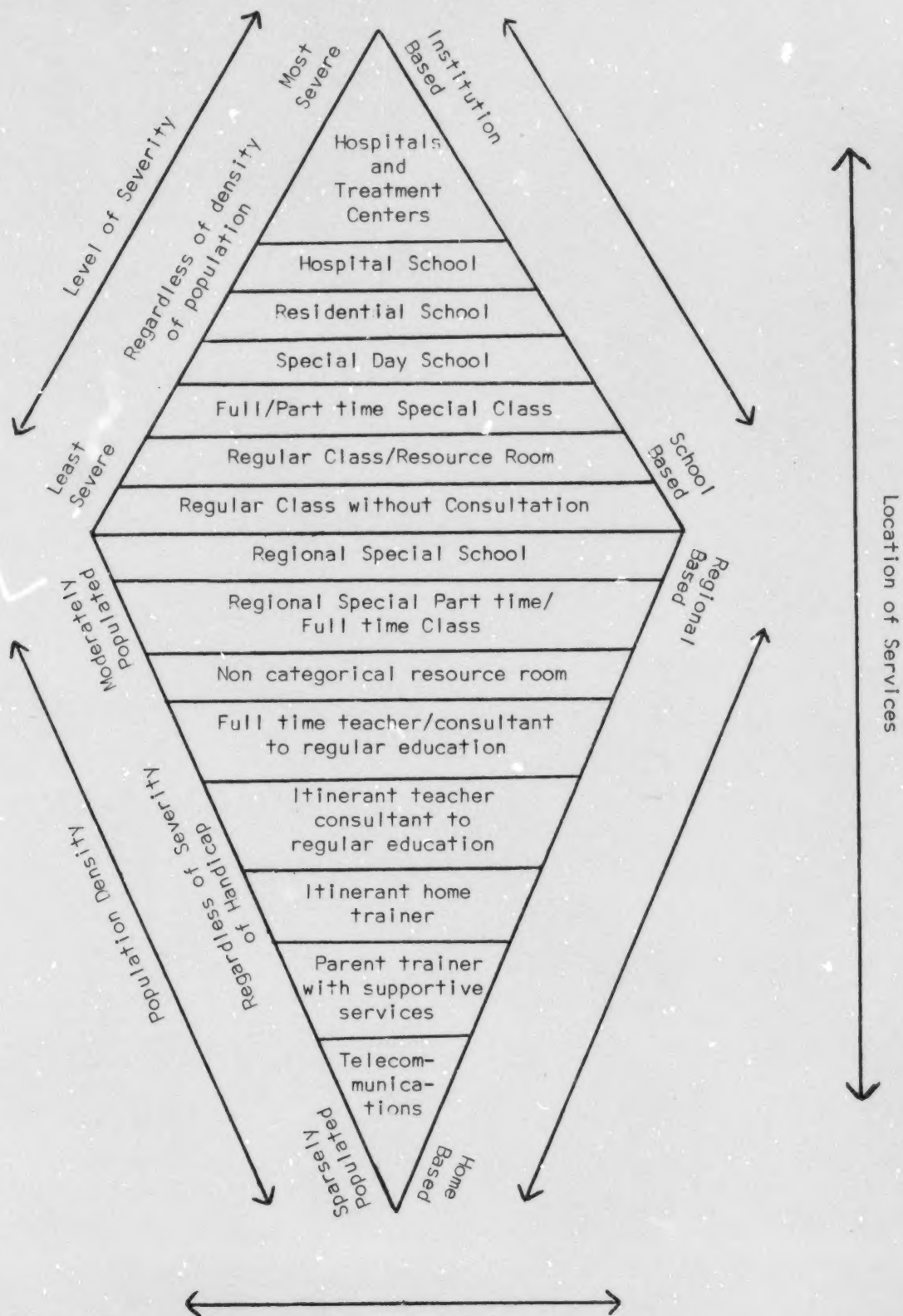
Once these hurdles are recognized, accepted, and dealt with appropriately, school systems will or are attempting to develop programs most suitable to their areas. The following discussion deals with projects and models that are currently in existence or in developmental stages. These models are building-based, regional, or multi-regional programs. These models also include provisions for all types and degrees of handicappedness. An attempt to organize a continuum of services in a rural area is also provided.

V. Continuum of Services

The following is an attempt to provide a model for delivery of services for handicapped children in rural areas.

In searching the literature, the writer could find no model that has been developed for a continuum and continuity of services for rural areas. Models have been developed for delivery of services for handicapped students but nothing specific is mentioned for rural areas.

Figure 1-1 Continuum of Services in Rural Areas¹



¹Vicky L. Ondell and Leonard C. Burrello, 1978.

This model has four dimensions. The first deals with the number of cases of handicapped students to be served. As one moves up the diamond the number of cases increases as more children will be served in each area. Starting at part time special class and again moving up, the number of cases decreases in each area as fewer children will be served in treatment centers as compared to part time placement in a special class. You will note that the upper triangle of the diamond is the classic Reynolds framework (1962).

The second dimension deals with the geographical density of the population. The more sparsely populated the area, the fewer number of children served in each area. This dimension has nothing to do with the severity of the handicapping condition. It is concerned only with the density of the population and the access the child has to receiving services at a school based program.

The third dimension addresses itself to the severity of the handicap. Least severe students would receive services in a school based program. As the condition gets more severe the placement would lean toward the institutional based services. Again the numbers of students served would decrease as compared to school based program placements.

The last dimension has to do with the location from which the services are provided. Most students will be served at school based or regional based programs which encompass a major portion of the model. The more severe the condition or the more sparsely populated the area, the fewer the number of children to be served in programs outside the school, i.e., home based and institution based.

The terms used in the model need to be explained. Telecommunications, which is home based, can be provided in three ways. One is a telephone which is installed in the child's home and communication is carried on between the teacher and student over the telephone.

The second method is one in which a television is placed in the home. Depending on the sophistication and resources of the geographical area, different approaches can be taken. One approach is to provide educational programs to be transmitted to the television. The state or local district will be responsible for making the programs and televising them. Wisconsin had programs similar to this which were televised to the schools.

Another approach concerns itself with broadcasting the classroom setting to the home. Again depending on resources, the audio-communication could be oneway, from the classroom to the home, or two-way, from the classroom to the home and from the home to the classroom. This would enable the student to ask questions during lessons and receive an immediate response. The severe winter of 1977 resulted in Ohio implementing educational services by way of television. With school closed for an extended period of time, the students were instructed by their teachers simply by watching T.V. This resulted in the students not missing school instruction because of the weather conditions.

The third method in which telecommunications can be used involves administrative services. If an administrator is needed for services in his district, i.e., a case conference, and is unable to be present for the services he is to provide, the telecommunications process can be used. The administrator can conduct a case conference 40 miles from his office without physically attending the conference.

The parent trainer with supportive services is one in which the parent is the primary teacher for the student. The supportive services are those provided by the school district in which a teacher visits the home setting periodically to record student progress and consult with the parent trainer. The Portage Project, discussed later, is one which operates similar to this.

The itinerant home trainer can be viewed as a variation of a homebound teacher where the teacher visits the house on a routine schedule and instructs

the student in the home. The homebound teacher, used extensively in Florida, instructs primarily normal students who, because of an illness or accident, are out of school for short periods of time. The home trainer would be used for those handicapped students who have no direct access to receive an education in a school based or regional based setting.

The itinerant and full time teacher consultant would be used in a similar fashion to the Monroe County project, Vermont project and North Dakota project described later in this paper. The difference between the itinerant and full time teacher consultant concerns itself only with the availability of financial resources of the school district. It should be noted that in providing services to regular education a new concept can be employed here - that of having the teacher consultants train peers to help instruct the handicapped student. Bloomfield Hills, Michigan has developed a program in which student peers are trained at the high school level by special education personnel to be communication facilitators between deaf students and regular classroom teachers. This could be adapted to train peers to help regular classroom teachers deal with handicapping conditions other than the deaf.

The regional special part time/full time class can be employed where an area has enough students to develop a classroom but not enough in a given school. The result is an alternative living program whereby a handicapped child lives with surrogate parents or foster parents during the school week and receives the education in that district. The school district in return reimburses the surrogate/foster parent for expenses for having the handicapped child live at the house. On the week-end, the child goes back to his natural parents. The reason the child lives with surrogate/foster parents during the week is because of distance from the child's house to the educational setting. This type of service delivery has been done in Wausau, Wisconsin and in Delaware.

A regional special school may also be an alternative for a multi-county/LEA area.

As the population of a rural area increases, the upper triangle of the diamond constitutes the classical framework from the Reynolds Model for delivery of services for handicapped students.

One way to look at the lower triangle of the diamond is found in Figure 2. The figure is a two-dimensional grid that may be of assistance for administrators who are attempting to develop programs in their districts.

VI. Description of Model Programs and Projects

(1) Building Based Models - Monroe County, Indiana

P.L. 94-142 states provisions which are designed to assure that all handicapped children have available to them a free appropriate public education. Monroe County Community School Corporation in Indiana, has submitted to the federal government a grant proposal dealing with delivery of services to exceptional children. (This is the project not currently in existence.) The title of the proposal is "Regular Education Inservice: Inservicing Regular Education Classroom Teachers Through A Field Based Teacher Consultant Model." It is building based, provided during school hours, and staffed primarily by peers who have demonstrated knowledge, skills, and most important, credibility and empathy for the regular classroom teacher. It reduces problems of initial trust and entry between "outsiders" and regular class teachers.

The project model of in-service training begins with the regular classroom teachers in their building identifying the teacher they feel is the functional instructional leader in that building and who is considered to have demonstrated competence and skill in relating to the teachers and children in that building. The regular teacher who is selected will be trained during a one-month intensive summer program in 1978. In the fall, this teacher will return to his/her building as a teacher consultant. During the 1978-79 school year as teacher consultants, they will be responsible for the on-site in-service training of their regular class colleagues and received continued

Figure 2: Two Dimensional Grid for Determining Service Delivery in Rural Areas.

	Telecommunications	Parent Trainer with supportive services	Itinerant Home Trainer	Itinerant teacher consultant to regular education	Full time teacher consultant to regular education	Non-categorical Resource Room	Regional special part time/full time class
<u>Population</u>							
Number of children in school							
Number of handicapped children in school							
Number of handicapped children by category							
<u>Geographical</u>							
District of School							
Geographical district of child							
Geographical district of handicapped child							
<u>Topographical</u>							
Natural barriers climate/ weather							
<u>School Organizational Pattern</u>							
State based schools							
Multi-regional based schools							
Regional Based schools							
Local schools							
Private schools							

support through a university and building based team.

Each week the teacher consultants will meet with respective building personnel and invite any teachers with a problem to present their concerns and ascertain the appropriate building resource or district service. When the Building Educational Planning Committee (BEPC) determines that the teacher consultant would be the appropriate building resource person to handle the regular teacher's concern, the teacher consultant would begin discussion and observation of the teacher and/or the child for whom the teacher has asked for help. After observation, diagnostic teaching, and information assessment, another conference would be held with the teacher to determine the next steps. Individual or small group demonstration teaching, selecting or adapting materials, or referral for other kinds of service can be made through the teacher consultant. The teacher who requested the service would be expected to initiate some phase of the two-party contract agreed upon earlier. After implementation has begun, a short evaluation and feedback to the BEPC would be required. The process of relating the activities of the individual building to those other special education and other county-wide services has been developed. This process involves developing a continuum of services from the individual classroom to district or regional level services and programs.

The major objectives related to the in-service training of the four projected target groups, regular classroom teachers, teacher consultants, principals, and special education personnel, are presented below:

1. Regular classroom teachers will increase positive attitudes toward exceptional children, increase their knowledge of differing handicapping conditions, be able to demonstrate appropriate instructional interventions and report student progress according to objectives specified on the child's I.E.P.

2. Regular classroom teachers will be able to maintain exceptional children in their regular classes for increasingly larger percentages of the school day and report fewer discipline problems to building administrators.
3. Regular classroom teachers will increase their knowledge and skill in developing an integrated program of alternative service delivery options.
4. Teacher consultants will be trained to assess, program, and manage handicapped children.
5. Teacher consultants will be trained to assist regular class teachers in the referral, assessment, planning, programming, and evaluation of a mainstreamed handicapped child identified for placement in regular classes for at least 20% of the school day, and children identified for special education but who have not been formally evaluated or placed by a case conference committee.
6. Principals will develop positive attitudes toward exceptional children, increase their knowledge of differing handicapping conditions and be able to chair building instructional team meetings and case conferences.
7. Special and resource teachers will support teacher consultants in the delivery of the training of regular classroom teachers, integration of handicapped children and the coordination of their programs with all other programs in the building.

This model organized the individual school so that it may serve the handicapped child. It gives regular classroom teachers what they need in order to teach the special education child in their classrooms.

(2) Building Based Models - Vermont

The Consultant Teacher program also developed out of a need to assist regular classroom teachers to maintain and educate handicapped students at the building level. The Vermont program has been in existence for many years. It is a model which trains teachers as consulting teachers-in-training (CTIT). This approach was originated through a program developed by the University of Vermont, the Vermont State Department of Education and five school districts located near the university. Elementary school teachers are trained as specialists in behavior modification and its application to handicapped students. After the teachers go through the two year training program, they take on a new title and role as consulting teachers and serve as consultants and trainers for other teachers in the school districts. The Monroe County grant proposal and this model are similar in some ways. They both demand that the regular classroom teacher assume more responsibility for educating handicapped children. They both suggest a support system is necessary to facilitate regular classroom teachers in this endeavor.

The consulting teacher helps the regular classroom in many ways. They consult with regular classroom teachers to help them teach a child who is not progressing satisfactorily in academic or social skills. They conduct workshops around the needs of the local school. They help screen kindergarten or first graders to determine which skills the students need to be taught immediately. They help regular classroom teachers with the referral process. These are only a few of the things consulting teachers do. More information concerning this program is enclosed with this packet.

(3) Building Based Models - Bloomfield Hills, Michigan

Bloomfield Hills, Michigan has developed a model in a high school in which peers are trained in a two year sign program to be communication facilitators for profoundly deaf students. The program is incorporated with the

foreign language department. The non-deaf students, who are enrolled in the program, take four semesters of formalized training before they can enroll in independent study. It is during the independent study the peers take on their new role as being a communication facilitator. Each student is assigned to a deaf student in his/her class which is non-lecture oriented to explain directions and help the student with understanding assignments. The non-lecture classes consist of those in which the students use mainly their hands to accomplish tasks - home economics, arts and crafts and the like. The communication facilitators are not used as interpreters between the teacher and student. This project is funded only by local funds.

(4) Regional Based Models - North Dakota

The Special Education Department of three counties in North Dakota developed a model for service delivery. This model can be viewed as an adaptation of the Vermont Model. A short summary is provided here. A more detailed description was presented in the summer C.A.S.E. Newsletter. This summary has been reproduced in its entirety and follows immediately. The Consulting Teacher Model, which began in the fall of 1975, was the most appropriate for the area for four reasons.

1. Parents with handicapped children are resistive to the transporting of children for significant distances to establish a special class.
2. School district population (K-12) range from as few as 120 to approximately 700. The removal of mild to moderate learning handicapped students, i.e., EMR and SLD, would cause financial hardship due to the excess cost and the loss of regular education personnel.

3. With P.L. 93-380 and P.L. 94-142, the assignment of students to special education classes becomes rare due to parent and children's rights being honored.

4. No large numbers of students had been segregated into special classes prior to the Special Education Cooperative. Teacher resistance to having such students not removed was lower.

Article reprinted in its entirety - C.A.S.E. Newsletter, Summer 1977

"CT: A Realistic Answer for Preventive Special Education Services in Rural School Settings"

The Special Education Department of Griggs, Steele, and Trazill Counties in North Dakota is located in the mid-eastern section of the state. The region comprising the GST Special Education Department has an area of 2,700 square miles and services twelve school districts with a total of 3,500 children, K-12. The average distance between the school districts is approximately twenty miles. Of the 3,500 enrolled students, the Special Education Department serves approximately 9% in all areas.

The Special Education Department began services in 1974 following a mandate for services to students 0-21 years of age. It was the purpose of the department director to design a five-year educational plan for implementation of the State mandate. Initial planning of a non-categorical service model for learning disabled and mildly retarded students was determined to be the best procedure. Such a service, now called the Consulting Teacher Model, began in the Fall of 1975.

The service model is most appropriate for the following reasons:

- (1) Parents with handicapped children were resistive to the transporting of children for significant distances to establish a special class.
- (2) School district population bases (K-12) range from as few as 120 to approximately 700. The removal of mild to moderate learning handicapped

students, i.e., EMH and SLD, would cause financial hardship due to the excess cost and the loss of regular education personnel.

- (3) With P.L. 93-380 and P.L. 94-142, the assignment of students to special education classes becomes rare due to parent and children's rights being honored.
- (4) No large number of students had been segregated into special classes prior to the Special Education Cooperative. Teacher resistance to having such students not removed was lower.

The Consulting Teacher Model (CT) constitutes the basis of a non-categorical service to mildly and moderately handicapped students. The service design is an adaptation of the Diagnostic Prescriptive Teaching Model (Prouty and Prillaman), but adapted to meet the needs of a rural system. One adaptation was that the Diagnostic Teacher Model (DPT) served just one school building. In the CT model, a staff person may serve several facilities within a school district or more than one school district. The CT becomes, thus, itinerant in nature.

The CT program as it currently operates in Griggs, Steele, and Traill Counties, began in the Fall of 1975 with a workshop regarding the Diagnostic Prescriptive Model. During the school year, the Special Education staff made modifications for the operation of the Diagnostic Prescriptive Teacher Model to meet the needs of the particular educational setting.

The model currently implemented is a Consulting Teacher Model consisting of eleven steps: Referral, Observation, Initial Parent Contact, Referral Conference, Diagnostic Teaching, Planning Conference, Educational Plan Summary, Teaching/Learning Plan, Implementation, Classroom Teacher Evaluation, and Program Evaluation and Recommendations.

- (1) Referral - The first step in servicing a teacher or student in the model is the referral. A teacher making a referral will answer the following questions: a. What is the problem? B. What methods have been tried to solve the problem? c. What do you see as the student's particular strengths? d. When can we talk? When the CT receives the initial referral, he/she meets with the referring teacher to discuss the referral in depth.
- (2) Observation - The CT arranges with the regular classroom teacher to observe the student at various times during the school day. The initial observation is made when the teacher sees the problem as most visible: and subsequent observations are made to document the student's behavior, interaction with other students, physical environment of the classroom, and practice of instruction by the teacher. The CT gives feedback to the teacher at each observation (non-critical) and makes notes outside the classroom for his/her personal use.
- (3) Initial Parent Contact - Upon the completion of observation sessions, the CT and the regular classroom teacher determine whether it is necessary for further evaluation or whether observation and interaction by the CT and the regular classroom teacher at this time may have solved the problem. If both the CT and the regular class teacher feel more information is necessary, parent contact is made by the CT for parent permission for the CT to provide consultation and evaluation of the student.
- (4) Referral Conference - At this stage, the CT and the referring teacher get together to discuss the referred student. The CT acts as a negotiator to develop with the teacher reasonable goals which flow from an objective setting. The CT discusses tentative strategies to be used and some possible instructional alternatives. The CT also discusses the subsequent steps in the process of service delivery and coordinates other services if

the child seems to have multiple problems requiring the use of other specialists.

- (5) Diagnostic Teaching - Diagnostic teaching sessions are designed to allow the CT to develop techniques and materials based on the child's classroom setting: a. Grouping students for diagnostic sessions may occur with a group of children accompanying the referred child to a diagnostic session outside of the classroom, b. If the child's problems are severe, requiring careful analysis, the child may be worked with individually outside the classroom, c. The referred child may remain in the regular classroom with the classroom teacher or CT trying various techniques within that setting. Option c has worked for over 90% of all cases. In this type setting, the classroom teacher observes the activities of the CT and gradually takes over and integrates the activities into the regular classroom. Diagnostic sessions should not exceed one hour per day nor exceed ten sessions total.
- (6) Planning Conference - The CT, and the regular classroom teacher meet in a decision-making process to formulate the educational plan which will be used to service the child within the regular class setting. The educational plan presented to the parent is one agreed upon by both the regular teacher and the CT.
- (7) Educational Plan Summary - The CT, from notes and discussions made in the planning conference, develops an educational plan summary to be presented to the parents for approval for implementation in the child's educational program. The plan will consist of specific goals and objectives to be accomplished and strategies and materials to be used in the child's education. A conference is held to explain the plan in more detail before the parent signs permission for implementation and it is clear the parent will be informed of any changes in the plan.

- (8) Teaching/Learning Plan - The educational plan presented to the parents is broad in nature and requires the CT to continue working with the regular teacher in implementation. The Teaching/Learning Plan therefore is a detailed, step-by-step procedure of the educational plan approved by the parent in implementing strategies and materials, the teaching/learning plan may be as detailed as a day-by-day set of plans.
- (9) Implementation - The CT begins by operating the plan with a group of students with the total class and gradually fades out, having the regular class teacher taking over the operation. The CT may, during the transfer of activities, work with the remaining classroom groups, until the regular teacher feels comfortable in handling the total classroom setting. The CT observes the action and provides the teacher with concrete feedback in pinpointing problem areas in the plan which may be raised during the conferences.
- (10) Classroom Teacher Evaluation - After the educational plan has been in progress for approximately four weeks, the CT gives the referring teacher an evaluation with four statements to be completed: a. Restatement of Problems, b. Restatement of Objectives, c. How do you assess the child's progress at this point? d. What may the CT do to be of further assistance to you.
- (11) Program Evaluation and Recommendations - A final step in the model is evaluation and recommendations-done at the end of the school year for each referred student served by the CT. The CT, the referring teacher, and any other implementers of the programming meet to determine recommendations in any of three areas: a. The methods and materials necessary to be used in the coming year, b. Specific management techniques for the following year, c. Assessment of goal achievement to be submitted to administrators of the district in recommending activities, services, and programs to be offered.

The CT model has generated progress among regular teachers in serving mildly to moderately handicapped children in the regular class setting. The program has been so successful during the past two years of operation that no child has been referred to special education classes who has received services of the CT. We, therefore, are contemplating elimination of special classes for children with severe learning disabilities and EMH problems. It is evident there will remain some children whose problems are so severe that special classes will be necessary. Such children are small in number and may require continuation or development of specific low incidence special classes.

For additional information, please contact:

David N. Sapp, Ed.D
Director of Special Education
Griggs/Steele/Trail Counties Special Education
P.O. Box K
Hillsboro, North Dakota 58045

(5) Multi-Regional Based Models - Portage Project

Another project dealing with the rural service delivery is found in Wisconsin. The Portage Project under the supervision of the Director of Social Welfare, serves south-central rural Wisconsin and the primary teachers for the handicapped children are the parents, a feature which makes this project unique. Each week, a home teacher visits the families where the parents are the teachers to assess the child's performance, select steps of the target behaviors to be taught, and model the appropriate teaching techniques. The parent then teaches the child and records the progress. The five areas contained in this program are language, self-help, cognition, motor, and skill.

This project has its limitations as all projects do. The travel time is tremendous because of the distances to where the teacher travels. Also the contact time is limited because of the amount of time devoted to travel.

(6) Multi-Regional Based Models - Project MESH

The following two projects are from Kansas. The first is called Project MESH (Model Education for Severely Handicapped) and was developed to identify and address problems related to the delivery of educational services to severely handicapped students residing in rural, sparsely populated areas. The result was to provide a program for the severely handicapped in a public school setting that could interface with existing programs for moderately handicapped students.

A basic consideration in designing the program model was that the training needs of severely handicapped and moderately handicapped children are similar and, in many cases, are the same; therefore, education services could be delivered to severely handicapped students through classrooms, programs, personnel, and transportation systems provided for moderately handicapped students.

The MESH model established the feasibility of utilizing existing community and school cooperative programs and training for the severely handicapped student, without necessitating residential living arrangements or additional transportation systems. The project has three major goals:

1. Develop and implement training intervention and administrative arrangements to deliver comprehensive educational services designed to meet the developmental needs of severely handicapped children and youth in rural, sparsely populated regions of Kansas;
2. Demonstrate the efficacy of a model education and training program in which severely handicapped students are integrated with moderately handicapped students and the efficacy of a model which could be replicated in rural school districts through the utilization of special education cooperatives; and
3. Disseminate information about the intervention and implementation strategies comprising the model program to professional and non-professional personnel concerned with providing effective services to severely handicapped children in rural areas around the nation.

This project has data which was collected during the course of the project which relates primarily to child progress.

(7) Multi-Regional Based Model - Project Pride

The second project from Kansas is Project Pride which was based upon the experience gained in operating a demonstration school, Project MESH, mentioned previously. This model, serving multi-special education districts, allows each special education cooperative to provide services wherever a particular student receives his/her educational program. An example is a rural school which has a program for students with orthopedically handicaps may decide to have some of the severely handicapped students placed in the OH program. The teacher of the OH classroom would have the back-up support of a regional training team. Although the project serves a multiple of special education cooperatives, it uses a regional resource team approach. Resource team members will act as consultants to classroom personnel and be closely involved in the planning and implementation of the educational programs for the project population.

The long-term goals of this project are to provide, in conjunction with other agencies and organizations in the state:

1. A model public school demonstration project for all severely handicapped children living in rural, sparsely populated regions;
2. Technical support to rural schools, state departments and universities who desire assistance in developing educational programs for severely handicapped students in rural areas;
3. Dissemination of significant aspects of procedures that have been assembled, developed, and evaluated which can be implemented in other rural areas.

The short-term objectives are:

1. To identify, evaluate, and serve all severely handicapped school-aged children residing in two rural special education cooperatives in Southeastern Kansas and one classroom at Parsons State Hospital and Training Center;
2. To implement, evaluate, and modify the curriculum developed by Project MESH with students from the county region in Southeast Kansas;

3. To develop sites which could be used for training new personnel to implement effective education procedures with severely handicapped students;
4. To develop sites that allow research on the applied problems relating to the education of severely handicapped students;
5. To provide dissemination opportunities for communicating various aspects of educating the severely handicapped students.

VII. Contact People for Programs and Project

Included below is a list of contact people for the aforementioned projects.

1. Monroe County, Indiana Project
Margaret Hagner, Assistant Director of Special Education
Monroe County Community School Corporation
Bloomington, Indiana 47401
2. Vermont Model, Consulting Teachers-In-Training
Ms. Jean S. Garvin
Vermont State Department of Education
Montpelier, Vermont 05602
3. Bloomfield Hills, Michigan Project
George Gaerig Project Director
Lasher High School
Bloomfield Hills, Michigan 48013
4. North Dakota Project
David N. Sapp, Ed.D.
Director of Special Education
Griggs/Steele/Traill Counties Special Education
P. O. Box K
Hillsboro, North Dakota 58045
5. Portage Project
David Shearer
Director, Portage Project
CESA - 12
Portage, Wisconsin 53901
6. Project MESH
Charles R. Spellman, Ed.D. Principal Investigator
Bureau of Child Research
Research Center
Parsons State Hospital
Parsons, Kansas 67357
7. Project Pride
Charles R. Spellman, Ed.D. Principal Investigator
Bureau of Child Research
Research Center
Parsons State Hospital
Parsons, Kansas 67357

VIII. PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN AND YOUTH

The University of Alabama

RFP 74-10

Project Director

Dr. Bobby Palk, Project Director
Post Office Box 2592
University, Alabama 35486

TEL: (205) 348-7342

Target Population

By location: Severely and profoundly handicapped children in rural west Central Alabama.

By type handicap: Severely and Profoundly handicapped children.

By ages: 0 - 21 Total 38 - Direct Service; 143 - Indirect Service

Objectives

1. To continue work with the Alabama State Department of Education and local school systems in order to facilitate their provision of direct services to the Tri-Mod population.
2. To begin packaging curricular modules developed and evaluated during the first and second years of the project.
3. To continue development of slide-tape presentations and information packets for dissemination and replication.
4. To assist the local community, through technical assistance, in developing a full-scale sheltered workshop program.
5. To initiate development of an Alabama registry of severely handicapped children identifying their locations, status of present services and diagnosed needs.

Significant Features

1. Direct services to the severely and profoundly handicapped.
2. Indirect services to children and their families.
3. Parent involvement.
4. Sheltered workshop development.
5. Curriculum development.
6. Use of Ancillary Personnel.

IX. PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN AND YOUTH

University of Kansas
Parsons State Hospital and Training Center

RFP 74-10

Project Director

Dr. C. Robert Campbell
Parsons State Hospital and Training Center
Parsons, Kansas 67357

TEL: (316) 421-3670

Target Population

By location: Total of 32 children and youth in rural, sparsely populated areas.

By type handicap: Severely retarded and multi-handicapped.

By ages: 4 - 18.

Objectives

1. Continue student training program.
2. Select programs and components for final curriculum development.
3. Extend dissemination base to other regions.
4. Provide technical assistance to field initiated request for this service.
5. Establish alternate funding sources for the service component of the project.
6. Train personnel to implement components of the demonstration project.

Significant Features

1. Demonstration site for serving severely handicapped students.
2. Curriculum development in the area of survival skills training and domestic skills training.
3. Pupil assessment program.
4. Coordination model in work with local communities departments for special education, State Department of Special Education, University affiliated facility.

X. Project Maine Stream
Child Development and Family Resource Center

Federally Funded Title VI Part C

Sponsored by Maine School Administrative District #51

ABSTRACT
1974-1975

The main aspects of early intervention are to provide prescriptive services to: (1) those children with marginal handicaps in order for them to make continual progress in their development and (2) those children who are more severely handicapped in order to reach their fullest potential.

Goals

1. to seek out
to identify handicapped children ages three through eight years
to provide intervention which will make it possible for handicapped children to enter the educational mainstream
to follow through in order to assure that these children maintain a level of success
2. to serve as a model center for demonstration purposes
3. to provide inservice training for the staff
4. to provide parent education and to carry out home-school activities
5. to coordinate the project activities and to provide supportive services to:
 - a. Head Start and Day Care
 - b. Nursery Schools
 - c. Public Schools
 - d. Special Schools
6. to disseminate materials and to initiate replication activities
7. to establish outreach programs which will result in comprehensive services for handicapped children
8. to seek out funding for continuation of the model

Characteristics of the Children Served

All children in S.A.D. #51 must participate in a screening program for kindergarten registration. Three and four year olds are also screened. Children who reside outside S.A.D. #51 may be screened on a referral basis.

Thirty-six children, ages three through eight, who have mixed types of handicapping conditions attend the day classes to Project Maine Stream. There are children enrolled from seven towns. Twelve children attend the Chebeague Island Social Development Class.

ABSTRACT

Major Project Components and Activities

Focus is on all three to eight year olds who have not entered area schools. These children participate in a screening program. Those diagnosed to have any type of handicap receive prescriptive teaching and therapy in a day school. At the Chebeague Island School, handicapped children are integrated with non-handicapped children and receive instruction in the Project Maine Stream Social Development Class which is organized as a cooperative nursery school.

In preparation during Year I there were twelve weeks of planning and in-service training for the staff. On January 31, 1973, we began serving forty-five children. A team of about twenty-five volunteers assisted during the operational period. Since the beginning of the program two Greely Junior High School students have worked in the center. In Year II the quality of the program improved. An increase in the budget enabled us to expand the staff to include more specialists and assistants. Staff training continued to be an integral factor in improving the program. Volunteers were used less extensively. During Year III the therapists and specialists have emphasized training the teachers, assistants, parents and volunteers how to carry out therapy. This is part of the plan for gearing down the cost of the program for continuation and replication.

The most important aspect of the program is parent education and guidance. Training sessions for the parents are conducted by the staff or by outside consultants. The home and school work as a team. Parents assist in planning their child's program, carry out home activities and volunteer or are employed at the center. Friends of Maine Stream, an independent parent group, meets monthly and carries out activities to assist the project. Parents assist in the PMS Summer Family Camp where handicapped children are joined by siblings in an informal outdoor program during the month of July.

The program is involved in outreach activities with Head Start, local nursery schools and public schools. Testing services are provided. Consultation is given to teachers in order for children who have special needs to remain in their respective programs.

Head Start teachers have received training for university credit in a course taught by PMS personnel. The staff conducts workshops and speaks to many audiences. A system for screening and identifying handicapped preschool children has been developed by the staff. Components of this system are being replicated by many programs.

The staff has responded to a request for assistance in carrying out deinstitutionalization activities with Pineland Center, a state institution for

severely retarded and multi-handicapped persons. Children from Pineland Center are enrolled at PMS. PMS is collaborating with Pineland in proposed outreach activities and an infant-family service program.

PMS has disseminated over 3,000 brochures. The staff publishes a bi-monthly newsletter and circulates over 600 copies of each issue. The program has been publicized on T.V. and in local newspapers. Visitors are welcomed. Materials are available upon request.

It is planned that Project Maine Stream will make it possible for more handicapped children to attain success in public schools and that fewer children will have to be sent to special programs. Mainstreaming is planned and carried out with the Pupil Evaluation Teams of each participating community under L.D. 965, the special education law in Maine.

Frances H. Hale
Project Maine Stream Outreach Program
P.O. Box 25
Cumberland Center, Maine 04021

XI. Title III Projects*

The following projects are for the years 1967 and 1968 only. The following Title III projects are taken for Pace Setters in Innovation Fiscal Year 1967 :

Project Number and Title	Purpose
#ES 001 210 Region V Psychological Services Center	Mobile diagnostic unit to serve five rural counties and then special classes will be organized.
#ES 001 296 Guidance and Special Services Center - Cumberland-Lincoln School Departments	Two specially equipped classrooms located in a center will serve handicapped children from the districts.
#ES 001 525 Che-Mad-Her-On Inc., Regional Supplementary Education Center	Development of Special Education programs for the region will be given high priority.
#ES 001 563 SE Region Special Education Service Center -- A Multi-district Project	Special Education center will be established to serve thirteen school districts.
#ES 001 327 Mobile Service Unit	To bring specialized services to multi-district rural area. Emphasis on inservice training in the 28 districts served.
#ES 001 175 Countywide Proposal for Special Services for Children with Emotional Problems	County unit will serve emotionally disturbed in all school districts.
#ES 001 167 Tri-County Supplementary Service Center	Twenty-one school districts will be served by the center for their Special Education needs.
#ES 001 514 Education Cooperative (West Met.), (Wellesley Hills, Mass.)	Co-operative services center to provide Special Education etc. to thirteen districts.
#ES 001 515 Project Light-house--South Shore School System Center	Special Education programs will be surveyed for weakness and cooperative planning encouraged.
#ES 001 580 Idaho Educational Development Centers and Services for Exceptional Children	To provide special education services in a rural two county area.
#ES 001 583 Co-operative Program in Special Education	Co-operative services between school districts.

*Urban, Stanley, Special Education in Rural Areas: An Unsolved Problem, June, 1972.

The following Title III projects are taken from Pacesetters in Innovation
Fiscal Year 1968:

#ES 002 009 Seuoyah County
Diagnostic and Clinical
Remedial Services Center

A mobile unit will bring special services to a rural area and establish special classes. Children K-12 will be served.

#ES 002 249 Blackstone
Vally Cerebral

A special program will be established to serve cooperating communities.

#ES 002 465 Regional
Special Educational
Services Center

Emphasis will be placed on developing a regional approach to serving rural handicapped children.

#ES 002 525 Area Program
for Educational Improvement
of Exceptional Children

Special education programs will be developed for a rural area. Five portable classrooms will house the programs.

#ES 002 537 Planning and
Pilot and Kindergarten Project

Cooperative programs will be set up to serve rural disadvantaged children.

#ES 002 536 SE Tennessee
Regional Improvement of Diag-
nostic and Educational Services

A special education center will be established to serve a ten county area.

#ES 002 107 Central Kansas
Diagnostic and Remedial
Education Center

A four county rural area will be served and experimental classrooms will be established at the center to serve handicapped children.

XII. Abstracts from ERIC

ED 127 737

Fallen, Nancy H.

Cooperative University-School Division Special Practicum Laboratory in a Rural Setting. Final Report. (Includes Appendixes) Revised.

Virginia State Department of Education, Richmond, Division of Special Education.
Spons. Agency--Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C. Division of Personnel Preparation.

Presented is the final report of a Virginia Commonwealth University cooperative program to develop an elementary level special education practicum for pre-service teachers in a rural setting. Presented for each of the phases (organizational phase, pilot programming phase, extension of the pilot programming phase, and the prototype program phase) is information on project personnel, objectives, procedures, results, and budget. Included in the final report are such items as job descriptions, time lines and activity charts, definitions of handicapping conditions, lists of program objectives (such as community involvement, disability identification, inservice education, curriculum improvement, and student involvement), descriptions of staff participation in the rural school district, number and characteristics of the children served, and program objectives and activities for each area of specialty (such as mental retardation, emotional disturbance, and learning disabilities). It is concluded that the program provided effective practicum experience for students and increased achievement of the children. Appendixes include vitae of personnel; the Virginia state certification requirements for the areas of mental retardation, emotionally disturbed and learning disabilities; various forms; sample pages from project files; and agendas of various seminars and workshops. (DB)

ED 115 071

Frith, Greg

A Project Designed to Increase Exceptional Child Services to Northeast Alabama.
Jacksonville State University, Alabama.

Spons. Agency--Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
Pub. Date (1975)

Note--7p.

Project Outreach was designed to increase exceptional child services to 14 rural school systems. In order to attract special education teachers to rural areas, the Project conducted inservice training sessions at eight Local Education Agencies aimed at the needs of the graduate level teacher from the Appalachian area of Northeast Alabama. In addition to inservice training, the Project provided the following services: a conference on management of emotionally disturbed children in the classroom, a leadership training institute, a workshop for psychometrists, a summer conference on identification of critical issues in special education, a teacher exchange program, and an assessment workshop for educational diagnosticians. (SB)

ED 133 949

Holmgren, Byron Frith, Grey

The Role of a Rural University in the Delivery of Special Services to Exceptional Children and Youth.

Pub. Date (1976)

Note--7p.; Author: Dr. Byron Holmgren, Special Education Department, Troy State University

The role of a rural university in the delivery of special education services to exceptional children is explained in relation to four categories: academic services, inservice training of special education teachers, consulting services to local education agencies, and clinical assessment of children. Difficulties are described and possible solutions are suggested. (IM)

ED 115 012

Palomaki, Rita P. Koski, Diane M.

A Cooperative Prescriptive Developmental Program for Preschool Children with Handicaps in a Rural Setting.

Pub. Date July, 1974

Note--125p.

Described is a cooperative preschool program for 20 handicapped children on a rural Michigan setting. It is explained that the program involved screening procedures in a naturalistic environment, weekly parent training sessions, and diagnostic prescriptive teaching. Included in three appendixes are examples of new releases about the program, samples of developmental evaluation forms and observation checklists, and the results of a survey completed by parents at the end of the program. (CL)

ED 117 807

Weatherman, Richard F., Ed. Hollingsworth, Sue Ann, Ed.

Administration of Special Education for Rural and Sparsely Populated Areas.

Minnesota University, Minneapolis, Department of Continuing Education and Extension

Spons. Agency--Office of Education (DHEW), Washington, D. C.

Pub. Date (1975)

Note--162p.

Available from--Department of Educational Administration, 300 Health Services Building, University of Minnesota, St. Paul, Minnesota 55108 (\$5.00).

This book is a compilation of papers prepared for a 1975 conference on the delivery of special education services. Because conference participants were from states where problems of distance and low population density complicate the delivery of special education programs, a multi-faceted approach was used to address these two critical problems. The 11 individual articles that compose the book focus on the future trends and current difficulties educators must face in developing programs for handicapped children. The articles include "Economic Outlook for Human Service Delivery in Rural America," "A Statewide Plan for Special Education," "Problems and Issues in a Rural Cooperative," "The Southwest Regional Educational Service Agency for Mainstreaming Handicapped Children," "Implementing Early Education Programs for Handicapped Children," "A Look at Regional Centers Serving Handicapped Children," "ESEA Title III and Its Implications for Service Handicapped Students," "A Model for Training Leadership Persons in Rural and Sparsely Populated Areas," "Trends in School Finance and Budgeting," "Personnel Management in Rural/Sparsely Populated Areas," and "Evaluating Need for Special Education Service in Sparsely Populated Areas." (JG)

XIII. Bibliography

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- Heller, Harold W. Rural Special Education: A Dilemma, Theory Into Practice, v. 14, n. 2, April, 1975, p. 137-142.
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- Regular Education Inservice: Inservicing Regular Education Classroom Teachers Through A Field Based Teacher Consultant Model, (Grant Proposal), Monroe County Community School Corporation, 1977.
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- Spellman, Charles and Johnson, Janis L. Regionalized Service Model for Severely Multiple Handicapped Children and Youth in Rural Areas, Project Pride summary.
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- Ways Consulting Teachers Can Serve You and Things Consulting Teachers Do Always Sometimes and Never, Prepared for Vermont school districts by Consulting Teacher Program Special Education Area, College of Education and Social Services, University of Vermont, Burlington, Vermont, February, 1974.

1975

A circular arrangement of the text "AN IDEA BOOK" repeated many times, creating a spiral effect. The text is arranged in a circular pattern, with each instance of "AN IDEA BOOK" slightly offset from the previous one, creating a sense of motion and depth. The text is in a bold, sans-serif font, and the overall composition is centered on a light background.

The previous numbered page in the original document was blank.

The Proceedings From The
Western States Topical Conference

IMPLEMENTING SPECIAL EDUCATION SERVICES IN RURAL REMOTE AREAS

A guidelines document
and idea resource for:

- educators
- parents
- concerned citizens
- others

Sponsored by:

**THE ROCKY MOUNTAIN
REGIONAL RESOURCE CENTER**

**THE NORTHWEST
REGIONAL RESOURCE CENTER**

**THE COORDINATING OFFICE FOR
REGIONAL RESOURCE CENTERS**

February 1975, Salt Lake City, Utah

PREFACE: How to use this document

How does one begin to implement special education services in a rural or a remote area? The ideas contained in this document were shaped during an intensive three and one-half day working conference. Rather than being the last word on delivery of special education services in rural areas, this report represents a first effort at defining—in a comprehensive manner—steps that can be taken to improve services.

This document does not present a plan for one particular state nor for one program in a state. It is, instead, an idea book—an index to possible resources that could be used in any typical rural area, regardless of population density.

The ideas presented are intended to stimulate the planning and implementation of programs; they can be used in total or in part, as needed. Whenever possible the content is worded in a general framework to allow the user to translate the ideas to more accurately fit a specific environmental, cultural or programmatic need.

The information is indexed by color, indicating three major divisions: Program, Administration and Legislation. These three are further divided into nine substrategies. The index should help the user immediately find the desired section. Each of the nine tabbed sections begins with a brief introduction and a table of contents for that section.

The contents began to take form in a working conference in Portland, Oregon, more than a year ago. There, participants formulated 57 goal statements related to delivery of special education to persons in rural, remote areas (from birth through 21). In this most recent conference, 197 participants began with those 57 goals, which they accepted as written, modified or enlarged. Then they outlined the tactical steps and the implementaries—the who's, where's, when's and how's—necessary to translate the goals into actions.

It is hoped that this pioneering effort will set the stage for later additions and revisions so that handicapped persons who reside in hard-to-serve areas will indeed receive more adequate special education services.

Although the conference developed tactical models for the rural setting, it is hoped that this idea book will also influence the delivery of educational services in urban areas. Tactical thinking and planning are perhaps the keys to focusing more clearly on problems within any geographical setting.

INTRODUCTION: How this conference came about

The history of how this conference and document came about can be traced back a few years to when Earl "Andy" Andersen was the State Director of Special Education in Alaska. Alaska faces extremely difficult problems in delivering special education services in remote areas. Andy's encounter with these problems prompted him to explore ways to generate the needed technical assistance. He talked over this concern with Jim Crosson, Director of the Northwest Regional Resource Center (NWRRC) and with Marty Martinson, University of Kentucky. About this same time Andy became Executive Director of the National Association of State Directors of Special Education (NASDSE). This led to conversations with other RRC directors in the western states, including Judy Ann Buffmire, Rocky Mountain Regional Resource Center, all of which culminated in the first working conference.

The problem was formally addressed in December, 1973, in Portland, Oregon, when a topical conference was held on "Delivery of Special Education Services in Rural Remote Areas." It was jointly sponsored by the Southwest Regional Resource Center, Rocky Mountain Regional Resource Center (RMRRRC), NWRRC, and NASDSE, with the assistance of the Northwest Regional Educational Laboratory.

Since that time there has been a growing consensus that the Portland participants articulated timely and necessary goals. Informal requests have come from many of the original participants for a follow-up meeting. In order to bring meaningful closure to the wisdom generated in Portland, there was a sense of urgency relative to designing concrete action steps to implement the goals. This would give key decision-makers in states a type of technical assistance which could have an immediate impact on those persons needing improved special education services in sparsely populated areas.

To assist the states, the RMRRRC planned and coordinated a follow-up to the Portland conference on the theme, "Implementing Special Education Services in Rural Remote Areas." The event was held February 3-6, 1975, in Salt Lake City, Utah. This working conference built upon the goals from Portland by formulating concrete guidelines for action.

This second conference was sponsored by the RMRRRC, NWRRC, and the Coordinating Office for Regional Resource Centers (CORRC). In addition, each of the State Directors of Special Education in these two regions co-hosted the conference with the RRCs. Every effort was made to shape an event which would reflect the current and real needs as articulated by the state education agencies. The conference was not an attempt to "re-invent the wheel" as there are numerous worthwhile efforts currently underway; rather, attention was primarily focused on closing existing gaps by utilizing the collective wisdom of the contributors.

The RMRRRC and the NWRRC are two of thirteen Regional Resource Centers currently funded by the Bureau of Education for the Handicapped (BEH). The RRCs were created by Congress in 1968 (now PL 91-230) to help determine the educational needs of handicapped children, to develop programs to meet those needs, to assist the appropriate agencies in providing programs, and to periodically reexamine and reevaluate such programs. The overall efforts are to assist in meeting the BEH national commitment:

To assure that every handicapped child is receiving an appropriately designed education by 1980 (75% by 1977).

Region #3, served by the RMRRRC (now named, the Southwest RRC), includes Arizona, Bureau of Indian Affairs, Colorado, Nevada, New Mexico and Utah. Region #1, served by the NWRRC, includes Alaska, Guam, Hawaii, Idaho, Montana, Oregon, American Samoa, Trust Territories of the Pacific Islands, Washington and Wyoming. The CORRC was established June 1, 1974 to assist the thirteen RRCs in technical assistance and training, needs assessment, single systems, development and management.

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THESE SECTIONS
ARE NOT INCLUDED
IN THIS PAPER.

SCHEDULE

CONFERENCE SCHEDULE ON "IMPLEMENTING SPECIAL EDUCATION SERVICES IN RURAL REMOTE AREAS" SALT LAKE CITY							
MONDAY - FEBRUARY 3		TUESDAY - FEBRUARY 4		WEDNESDAY - FEBRUARY 5		THURSDAY - FEBRUARY 6	
HOUR	EVENT	HOUR	EVENT	HOUR	EVENT	HOUR	EVENT
8:30	Conference Opening Dr. David P. Gardner Dr. Elwood Pace	9:00	State Reports Nevada, Oregon, Colorado, B.I.A.	9:00	State Reports New Mexico, Wyoming Alaska, Washington	9:00	State Reports Utah, Montana
9:00	State Reports Arizona, Trust Territories, Idaho	10:15	Break	10:15	Break	10:15	Break
10:15	Break	10:30	Program Task Force (four working groups)	10:30	Program Task Force Administration Task Force Legislation Task Force (nine working groups)	10:30	Plenary Reports by Task Forces Conference Evaluation
10:30	Demonstration No. 1 The Portage Project David Shearer, Director						
12:30	Lunch by States	12:15	Lunch by Topics	12:15	Lunch by Task Forces	12:30	Closing Banquet
2:00	Demonstration No. 2 The Telepac Project Alan Hofmeister, Director	1:30	Program Task Force (four working groups)	1:30	Program Task Force Administration Task Force Legislation Task Force		
4:00	No-Host Hospitality Hour						
5:00	Free Time (dine at own choice)	5:00	Free Time (dine at own choice)	5:00	Free Time (dine at own choice)		
7:00	Program Task Force (total conference)	7:00	Program Task Force (four working groups)	7:00	Program Task Force Administration Task Force Legislation Task Force		
9:30	Close	9:30	Close	9:30	Close		

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KEY TO TACTICAL ARENAS

Conference Goal:	"IMPLEMENTING SPECIAL EDUCATION SERVICES IN RURAL REMOTE AREAS"								
Strategy:	PROGRAM TASK FORCE 1.0				ADMINISTRATION TASK FORCE 2.0			LEGISLATION TASK FORCE 3.0	
Sub-Strategy:	Identifi- cation	Curricula D/P/P/E	Training In & Pre	Parent & Community	Communi- cation & Commit- ment	Staffing	Responsi- bility & Account- ability	Law	Fundin
	1.1	1.2	1.3	1.4	2.1	2.2	2.3	3.1	3.2
Tactical Arenas: (Portland Goal Statements Updated)	1.1.1	Regular	Regular	Regular	2.1.1	2.2.1	2.3.1	3.1.1	3.2.1
	1.1.2	Class:	Class:	Class:	2.1.2	2.2.2	2.3.2	3.1.2	3.2.2
	1.1.3	1.2.1	1.3.1	1.4.1	2.1.3	2.2.3	2.3.3	3.1.3	3.2.3
	1.1.4	thru	thru	thru	2.1.4	2.2.4	2.3.4	3.1.4	3.2.4
		1.2.5	1.3.4	1.4.6	2.1.5	2.2.5	2.3.5		3.2.5
		Special	Special	Special	2.1.6	2.2.6	2.3.6		
		Class:	Class:	Class:					
		1.2.6	1.3.5	1.4.7					
		thru	thru	thru					
		1.2.18	1.3.6	1.4.14					
		Homebound:	Homebound:	Homebound:					
		1.2.19	1.3.7	1.4.15					
		thru	thru	thru					
		1.2.22	1.3.10	1.4.20					
		Residential:	Residential:	Residential:					
		1.2.23	1.3.11	1.4.21					
		thru	thru	thru					
		1.2.35	1.3.13	1.4.26					
Pages:	5	25	75	99	135	149	163	175	186



PROGRAM TASK FORCE: Identification



Resource Person:
Bruce Weston,
Director, California
Regional Resource Center

Facilitators:
Mary Buchanan
Susan Harrison
Jeanette Misaka
Judy Schrag

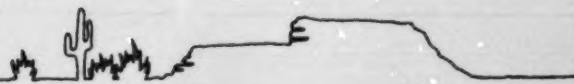
Recorders:
Jane Abe
Kathleen Olson

"I think the highlight of this conference for me has been the people with whom I have been working. I have this visual image of Monday night—when people might ordinarily feel like relaxing—and about ten minutes after we got into our session there were four groups just going at it. I couldn't believe it and it continued like that right through. I am proud of the things that have happened in the way of a product and I am also extremely grateful for the things that have happened to me as a person while I worked with these folks."

—Bruce Weston

CONTENTS

Tactical Arenas:	Page
1.1.1 Develop, implement and evaluate a continuous process for creating an understanding of the importance of providing an appropriate educational program for handicapped children, and an awareness of the types of service available.	8
1.1.2 Develop, implement and evaluate a continuous process for locating unserved handicapped children, including minorities and low-incidence handicapped.	12
1.1.3 Develop, implement and evaluate a continuous process for locating underserved handicapped children, including minorities and low-incidence handicapped.	16
1.1.4 Develop, implement and evaluate a continuous process for formal diagnosis of children who may be in need of special education.	20



TACTICAL ARENAS

TACTICAL STEPS

WHO

1.1.1. DEVELOP, IMPLEMENT, AND EVALUATE A CONTINUOUS PROCESS FOR CREATING AN UNDERSTANDING OF THE IMPORTANCE OF PROVIDING AN APPROPRIATE EDUCATIONAL PROGRAM FOR HANDICAPPED CHILDREN, AND AN AWARENESS OF THE TYPES OF SERVICE AVAILABLE.

1. Plan and develop a public information campaign to increase awareness or understanding of the need to provide appropriate educational programs for handicapped children.

1. Interested persons in cooperation with appropriate agencies, such as federal agencies which may include Health, Education, and Welfare, Bureau of Education for the Handicapped, and social-rehabilitation services.

2. State agencies may include departments of education, departments of health services, and state advocacy groups.

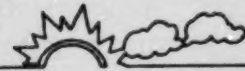
3. Local agencies may include local and county school districts, and local advocacy groups.

2. Implement a public information campaign to increase awareness or understanding of the need to provide appropriate educational programs for handicapped children.

1. Interested persons in cooperation with appropriate agencies, such as Federal agencies which may include Health, Education, and Welfare, Bureau of Education for the Handicapped, and social-rehabilitation services

2. State agencies may include Department of Education, Department of Health Services, and state advocacy groups

3. Local agencies may include local and county school districts, and local advocacy groups



WHERE

HOW

WHEN

At the location of the agency or group initiating the project.

Develop a public information campaign which may include, but is not exclusive to information on the following:

pertinent legislation
fiscal information
numbers and kinds of handi-
capped children
programs, services, and resources
available and needed
importance of early intervention
preventive measures such as
genetic counseling, good
nutrition, prenatal care
appropriate media

This public information campaign might use such media as:

posters
brochures
information sheets
radio and TV spots
talk formats
slide and/or tape presentations
radio and TV programs
newspaper ads and features
newsletters
church bulletin inserts
Welcome Wagon information
grocery sack stuffer notices
bumper stickers
place mats, napkins, banners
postage stamps
buttons

Annually, or as specified by the initiating agency

At the location of the agency or group initiating the project

1. Make a list of persons, groups, and agencies to be contacted by the most appropriate contact procedure (letters, telephone calls, meetings, etc.).

2. Present the program by:

a. directly contacting target persons, groups, and agencies such as parents, legislators, teachers, service clubs, church organizations, local agencies (including public health, mental health, health and education), and advocacy groups (including United Cerebral Palsy, Association for Retarded Citizens, Association for Learning Disabilities), appropriate state agencies, appropriate national agencies and appropriate national organizations

As specified by the initiating agency

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TACTICAL ARENAS**TACTICAL STEPS****WHO**

-
3. Evaluate the continuous process for creating an awareness or understanding of the need to provide an appropriate education program for handicapped children.

Designated internal evaluators or contracted external (third-party) evaluators

WHERE

HOW

WHEN

b. using communications media such as newspaper articles and ads, radio spot announcements, programs, talk shows, TV spot announcements, and programs.

c. using promotional advertising such as distributing media materials in local restaurants, businesses, and medical offices; promote money raising activities for the provision of educational programs for the handicapped.

At the location of participating agencies in the planning, development, and implementation phases

1. Evidence of:

employment of lobbyist
production of multi-media presentation
printed materials
Awareness Weeks scheduled and printed records of all media releases
written documentation of TV spots, scheduling, radio and newspaper releases
written policies and procedures developed: diagram of organizational chart of communication network; designation of assigned personnel

2. a. written listing of appropriate agencies, persons, and groups to be contacted with suggested procedures
- b. written documentation of presentations to groups or agencies, mailing lists, dissemination dates
- c. written records of news releases, TV spots, radio announcements, and other media contacts

3. Determine the overall impacts:

Primary Impact: An appropriate percentage of a randomly selected group of community members and agencies will demonstrate an understanding of appropriate education programs for handicapped children by indicating a specified criterion level of increased knowledge through structured interviews and written questionnaires.

1. At the completion of planning and development phase

2. At the termination of implementation phase

3. Impact evaluation/overall effectiveness

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TACTICAL ARENAS**TACTICAL STEPS****WHO**

**-1.1.2. DEVELOP, IMPLEMENT, AND
EVALUATE A CONTINUOUS
PROCESS FOR LOCATING
UNSERVED HANDICAPPED
CHILDREN, INCLUDING
MINORITIES AND LOW-
INCIDENCE HANDICAPPED.**

Task Force Definition:

Unserved—Any person between the ages of 0 to 21 years who falls outside the norms for age in academic, self-care, socialization, physical or communication areas, and who is not receiving educational services

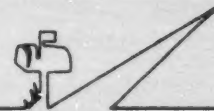
Low-Incidence handicapped—for example, deaf-blind, autistic, severely multiply handicapped

- 1. Explore possible referral sources to locate unserved handicapped persons.**

The chief administrator or designee of appropriate governmental or lay organizations having responsibilities for providing educational services to handicapped persons.

-
- 2. Develop referral sources to locate unserved handicapped persons.**

The chief administrator or designee of those appropriate governmental or lay organizations having responsibilities for providing educational services to handicapped persons



WHERE

HOW

WHEN

Secondary Impact:

numbers of programs will be provided and exceptional children served.

Possible referral sources may include, but not be limited to the following:

Regional (interstate)
diagnostic centers
resource centers

State Agencies
departments of education
social services
health services
departments of mental health
departments of vocational rehabilitation
special committees
Governor's Committee
State Superintendent's Committee
consumer organizations
ARC, UCP, CEC
parent groups and private groups

Regional (intrastate)
mental health clinics
diagnostic clinics
county medical societies
district health departments
juvenile departments
child development centers
charitable organizations

Community/Local Services
schools
medical personnel
day care centers
Headstart
churches
private group homes
unions
sheltered workshops
business groups
service organizations
Lions, Jaycees, Jaycettes

1. Research exemplary programs
2. Establish a list of available resources (see suggested list of sources under WHERE in Tactical Step 1)
3. Contact available resource by one of the following methods:
phone
letter
personal contact
4. Decide on viability of resources
5. Compile list of viable resources

At the initial phase of the program. Ten (10) working days are suggested to complete the task.

Those referral sources listed in Tactical Step 1 which are determined viable

1. Develop a referral form. The form may include the following kinds of information:
name of individual
date of birth
parents' name
demographic information
address (street, route, town)
phone
school district

During the second phase of the program, immediately following Phase 1. Thirty (30) working days are suggested for initial development.



TACTICAL ARENAS

TACTICAL STEPS

WHO

3. Screen referred individuals to assess eligibility as an unserved handicapped person.

A qualified trained person designated by an appropriate responsible person or agency to assess self-care, academic, socialization, physical, and communication areas

WHERE

HOW

WHEN

reason for referral
date
referral person

2. Develop a "release of information" form specifying information
 - a. to be received
 - b. to be released
 - c. to be withheld

The form may reflect:

name
date
permission to obtain and/or
release information
intent for use of information
signature of parent, legal
guardian, or responsible
party

*Note: If use of computer system
is feasible, consult as to desired
output of information needs in
the initial stage of developing
forms.

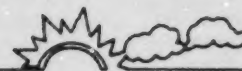
3. Develop a cover letter stating
the purpose of the program and
describing the referral process.
4. Make a personal contact with
viable resources to review referral
form and establish formal com-
munication channels.
5. Make follow-up contact with
referral sources on a monthly
basis.

At the most appropriate setting,
possibly home, school, clinic,
etc.

1. Determine the screening instru-
ments to be used
2. Assemble and train the appro-
priate personnel to do the
screening
3. Establish a procedure for
processing the referrals
4. Process the referrals to those
doing the screening
5. Obtain parental permission for
screening and release of
information
6. Conduct screening
7. Evaluate the screening results

As soon as possible after
receiving the referral. A maximum
of thirty (30) working days are
recommended.

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TACTICAL ARENAS

TACTICAL STEPS

WHO

-
4. Refer those identified through screening as unserved handicapped persons for further evaluation.

The person responsible for screening will refer the individual to the appropriate diagnostic resource.

-
5. Provide for evaluation of referral, identification, and assessment systems.

Chief administrator or designee of the appropriate governmental or lay organizations having responsibilities for providing educational services to handicapped persons

-
- 1.3. DEVELOP, IMPLEMENT, AND EVALUATE A CONTINUOUS PROCESS FOR LOCATING UNDERSERVED HANDICAPPED CHILDREN, INCLUDING MINORITIES AND LOW-INCIDENCE HANDICAPPED.

Task Force Definition of underserved: Any exceptional student who is receiving an educational program, but whose educational

1. Agencies serving exceptional children will establish criteria for determining who the underserved child is and will define within their criteria a common definition for the served and underserved individual.

1. Interested persons in cooperation with appropriate agencies, such as federal agencies, which may include Health, Education, and Welfare, Bureau of Education for the Handicapped, and social-rehabilitation services

2. State agencies may include department of education, universities and colleges within the state system, departments of

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**WHERE****HOW****WHEN**

8. Report evaluation information to parents and to the program.
9. Determine further evaluation needs.
10. Feedback information to referral sources.

The most appropriate individual, agency, or other resource

1. Ascertain application procedures from the agencies used for further referral
 - a. contact agency or individual
 - b. establish communication
 - c. obtain and maintain supply of applications for referrals.
2. Refer identified persons.
3. Follow-up to insure that action was taken.

Immediately following screening--a maximum of ten (10) working days.

At the setting of the agency or program involved

1. Develop procedures and necessary forms for evaluation of
 - a. incoming referral system
 - b. identification and screening process
 - c. outgoing referral system
 - d. effectiveness of total process.
2. Collect evaluation data.
3. Analyze data by self, peer or third-party evaluation.
4. Revise procedures as necessary.
5. Disseminate results to all participating agencies and individuals.

On a continuous basis, with yearly report.

Within agencies or groups initiating the definition of the served and underserved individuals

1. The initiating agency will collect data to be utilized for defining served and underserved. Possible ways to procure this data might include:
 - a. holding meetings
 - b. conducting surveys
 - c. establishing committees
 - d. collecting information from other agencies on their definitions of served and underserved

To be specified by initiating agency. A suggested timeline is from 1 to 3 months.

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TACTICAL ARENAS

TACTICAL STEPS

WHO

needs aren't being appropriately met

"Appropriate" encompasses the following:

1. how child is taught
2. what is taught
3. client growth
4. conditions under which learning takes place

health services, and state advocacy groups

3. Local agencies may include local and county school districts, private programs, and local advocacy groups
4. The initiating agency will identify a person to select a task force composed from the appropriate agencies listed above.

2. With technical assistance, develop an agency or school district plan for locating underserved individuals. Submit the plan to an appropriate agency for approval. The plan should reflect the definition of served and underserved, and should include:

- a. procedures for ongoing and summative pupil evaluations
- b. procedures for ongoing program evaluation for exceptional individuals in existing programs.

Persons designated by the initiating agency could include:

1. parents
2. district personnel
3. technical assistance teams
4. university personnel
5. legislators
6. advocacy groups

3. The initiating agency will implement the approved plan.

Persons designated by the agency might include:

1. teachers
2. administrators
3. support personnel
4. state department personnel
5. third-party teams
6. parents

4. The evaluation step will be conducted at three levels:

Evaluation and monitoring of the implementation of the plan;

evaluation to determine if underserved individuals were identified and appropriately served;

Identified internal or external (third-party) evaluators as designated in the plan. Possible evaluators might include:
teachers
administrators
support personnel
state department personnel
third-party teams
parents

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WHERE

HOW

WHEN

- e) utilizing resource consultants
- f) visiting other sites and participating in definition writing (i.e., other states and/or agencies)
- g) researching literature
- h) reviewing school records
- i) gathering parent input
- j) gathering professional input

2. Analyze the data
3. Write the definition
4. Communicate the definition to other agencies.

Within agencies or at the location of the group initiating the project, e.g., home, school district, training center

The initiating agency will:

1. Review existing plans for locating underserved individuals
2. List pros and cons for each existing plan
3. Develop a plan for locating underserved individuals
4. Submit the plan to be evaluated by an identified appropriate agency

To be specified by the initiating agency. Suggested time line would be 3 to 6 months.

Within agencies or groups initiating the plan

The identified initiating agency will:

1. Identify appropriate personnel and make specific assignments.
2. Follow the implementation strategies as specified in the approved plan

To be specified by initiating agency. It is suggested that a one-year time line be established.

Within agencies or groups initiating the plan

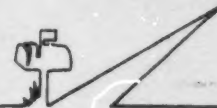
The following evaluative processes might be used:

1. The initiating agency:
 - a) determines if time lines were followed
 - b) determines if assignments were carried out

The evaluation will occur upon:

1. Completion of the developmental phase and submission of information to the appropriate agency
2. Completion of the implementation phase (within suggested time line)

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**TACTICAL ARENAS****TACTICAL STEPS****WHO**

evaluation to determine if the program made a difference in individual children.

5. Analyze evaluation data and develop appropriate suggestions and revisions.

Identified internal or external (third-party) evaluators as designated in the plan. Possible evaluators might include:

- teachers
- administrators
- support personnel
- state department personnel
- third-party teams
- parents

1.1.4. DEVELOP, IMPLEMENT, AND EVALUATE A CONTINUOUS PROCESS FOR FORMAL DIAGNOSIS OF CHILDREN WHO MAY BE IN NEED OF SPECIAL EDUCATION.

Task Force Definition: When the Identification Task Force speaks of "diagnosis," we refer to diagnosis other than that needed for educational prescription. We will be dealing only with those diagnostic functions which are necessary to identify handicapped children. The Curriculum Task Force will be dealing with those diagnostic functions necessary to the development of an educational prescription.

1. Develop diagnostic delivery system strategies for diagnosis of exceptional children who may be handicapped.

People responsible for the development of such strategies might include state directors of special education, regional educational consultants, or local school administrators. These policy makers might utilize input from local school personnel, members of human service agencies in the community, as well as technical assistance from related fields.

2. Select a diagnostic approach and method of evaluation for a child who has been located and referred.

Resource people responsible for the selection of an evaluative approach and method might be resource specialists, district or local supervisors, state or regional supervisors



WHERE

HOW

WHEN

2. "Plan was implemented in ____% of situations identified by initiating agency."
3. "Plan located ____% of underserved individuals."
4. A sample of children are evaluated to determine if appropriate change was made.

Within agencies or groups initiating the project

The initiating agency will:

1. Collect data
2. Analyze data
3. Revise plan
4. Submit report.

At the completion of the first year

1. At the location of the agency developing the strategies to be implemented.
2. Such agencies might include: Regional Resource Centers, state agencies, learning resource centers, local educational agencies.
3. Assistance might be obtained from universities, professional organizations, or child development centers.

1. Establish a task force to review available models for a delivery system of diagnostic services.
2. Identify available personnel who might serve on a diagnostic team.
3. Establish the criteria for diagnostic team selection (see Tactical Step 2, HOW 3).
4. Establish procedures to insure that the diagnostic services will be delivered.
5. The end product of the task force should be a functional diagnostic delivery system.

The delivery system should be developed in model or simulated form introducing a diagnostic procedure. Ideally this should be done prior to the school year. It is advisable to have an ongoing evaluation of the diagnostic process with an annual review and possible revision.

The decision for method and approach should be made at the most immediate and appropriate resource level (local, intermediate, or regional).

Selection of approach and method will be made by:

1. Reviewing preliminary data on a referred child
2. Selecting diagnostic resources that match the suspected handicapping condition
3. Selecting the composition of the diagnostic team necessary to implement the diagnosis
4. Matching the child with the most logical and adequate diagnostic resource

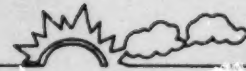
The diagnostic approach will be selected as soon as possible after referral date, preferably within two weeks.

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TACTICAL ARENAS**TACTICAL STEPS****WHO**

3. Implement the diagnostic procedure selected for the referred child.

The diagnosis will be managed by members of the diagnostic team, utilizing input from parents, resource teachers, and others who relate directly to the child.



WHERE

HOW

WHEN

Evaluation will be implemented on site: in the home, school, or institution, or at a central location such as a clinic. Staffing of the diagnostic team will be completed at the most local and immediate level.

In order to complete the diagnosis, the diagnostic team will:

1. Obtain parental permission.
2. Arrange a time and place for formal evaluation.
3. Evaluate the child.
4. Present findings of the evaluation (staffing):
 - a. determine the adequacy of the evaluative data
 - b. draw conclusions regarding the nature of the handicapping condition
 - c. provide a written summary.
5. Include as part of the outcome:
 - a. suggestions for additional formal evaluation
 - b. recommendation for educational appraisal
 - c. a program placement decision
 - d. contact of people responsible for implementing staffing recommendations
 - e. a prognosis for the child, contingent upon successful programming and services
 - f. establishment of a time schedule for reevaluation of the child.

The diagnostic procedure will be undertaken as soon as team members can schedule the time, preferably within one week after the proper approach and methods have been selected.

PROGRAM TASK FORCE: Curricula



Resource Person:
Robert C. West,
Director of Training,
Idaho State School
and Hospital

Facilitators:
Merrill Johnson
Mack McCoulskey
Joseph Todd
Richard Zeller

Recorders:
John Holliday
Bobbi Cole
Nancy Philabaum

"The curriculum task force had a little larger task than some of the others, at least as we saw it. We had four components that we had to look at — diagnosis, prescription, programming and evaluation. We had to fit these into each goal statement for each case category, so we really had a lot of work to do and it was a very long three days, indeed. I would like to thank Andy Andersen who penned last night what emerged from our efforts and what probably reflects your thoughts, feelings, energies and commitments relative to this event. This is a belief and value statement from the curricula group:

Although not always clearly reflected in the content of our endeavors to meet the criteria of the iteration process, the task force members were and are concerned about the following underlying assumptions: (1) that matrices develop, treat, and consider the learner as central priority; (2) that statements formulated view the learner as an individual human being immersed in the process of becoming and the constant is change; (3) that placement means the least restrictive, psychological, social and educational environment; (4) that learning is a very private, personal phenomenon primarily restricted to the learner's internal universe; and (5) that the teacher-learner transaction is describable, modifiable and dynamic."

— Robert C. West

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the original document was blank.

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**TACTICAL ARENAS****TACTICAL STEPS****WHO****CURRICULA: REGULAR CLASS****1.2.1. DEVELOP SPECIAL EDUCATION PROGRAMS WHICH RECOGNIZE SPECIFIC LEARNING NEEDS OF CULTURALLY AND ETHNICALLY DIFFERENT CHILDREN.**

1. Assess the learner's functioning to determine the need of referral for staffing.

Teacher, support persons familiar with cultural and ethnic differences, or resource persons

2. Provide additional assessment as requested in staffing.

1. Local, district, or state personnel
2. Private personnel as requested
3. Agencies providing services for ethnic group being dealt with

3. On the basis of appropriate assessment, the teacher will devise an individually prescribed program for the referred child.

Teacher, parent, or resource persons

4. Determine the most appropriate service delivery system(s).

Teacher or support staff

5. Accept and assume responsibility for serving handicapped children.

Teacher

6. Identify appropriate resource personnel.

Staffing personnel, support persons on a local, state, or federal level familiar with cultural and ethnic differences

7. Communicate with appropriate resource personnel.

Teacher, parent, or resource persons

8. Establish baseline data.

Teacher or parent

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**WHERE****HOW****WHEN**

In the classroom situation

By behavior observation, formal/informal assessment, or review of school records

Upon recognition of a problem

In the classroom situation, at the referral agency, or at home

Obtain parental permission to refer the child to an appropriate diagnostic agency and/or agency providing information concerning ethnic group in question, e.g., Bureau of Indian Affairs.

Immediately following the staffing

In the school or at home

1. Establish behavioral objectives that also focus on cultural needs.
2. Gather instructional material (Area Learning Resource Centers, Bureau of Indian Affairs, Los Angeles School System, etc.).
3. Design instructional programs.

Within one week following staffing

In the educational environment

Compare the learner's needs determined by assessment with available service delivery system(s).

At the time of the staffing

In the classroom

1. Individualize the program.
2. Systematically observe the performance of the student.
3. Develop a flexibility for adjusting to any needed change.

On an ongoing basis

In the educational environment

1. Obtain services from a consultant(s).
2. Contact a human resources registry.
3. Visit facilities dealing with similar needs.

Ongoing and regularly scheduled meetings

In the school, home

Through personal contact and staffings

Whenever needed or specified

In the school or home

Record target behavior prior to implementation of the program.

Prior to implementation of the program

TACTICAL ARENAS**TACTICAL STEPS****WHO**

9. Implement the developed program.

Teacher, resource persons, support personnel, or parents

10. Conduct a continuous evaluation of the program.

Teacher, resource person, or parent

11. Communicate with resource person to monitor and modify established program.

Teacher, administrator, resource person, or parent

CURRICULA: REGULAR CLASS

1.2.2. IDENTIFY AND PROVIDE INSTRUCTIONAL SERVICES TO UNDERSERVED HANDICAPPED CHILDREN.

1. Conduct periodic needs assessment of children in ongoing instructional programs.

Teacher, resource person, principal or administrator, support service person.

- a. speech therapist
- b. school psychologist
- c. social worker
- d. MD
- e. itinerant person
- f. counselor
- g. parent

2. Review accumulated records.

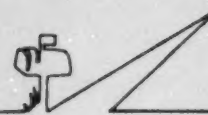
Teacher, resource person, principal or administrator, parent or support service person

3. Evaluate the existing prescription.

Teacher, parent, resource person, or support service person

4. Modify instructional and educational programs to meet the needs of the learner.

Teacher, parent, resource person, or support services person

**WHERE****HOW****WHEN**

In the school or home

By initiating change procedures

Following the collection of baseline data

In the school or home

By systematic observation, for example, informal tests, counting frequency of behavior, daily performance, etc.

On a systematic, sequential and scheduled basis

In the school or home

Through personal contact or staffing

Monitor on a systematic schedule or as the need arises.

In the regular classroom, support services office, resource room, or at home

Evaluation of the child's progress through:

- a. skill sequence charts
- b. academic and behavior progress charts
- c. social adjustment
- d. student interview
- e. observation of child's performance in classroom (anecdotal information)
- f. parent interview and maintenance of communication

On a systematic, sequential and scheduled basis

In the regular classroom, administrative unit (local and/or regional), resource room, or home

1. Review growth patterns included in the cumulative folder.
2. Update the cumulative folder.
3. Adhere to applicable elements of the Buckley Amendments.
4. Discard data and information which is no longer useful.

Prior to the academic year and as the need arises

In the regular classroom, support services office, or resource room

1. Review growth patterns as related to the specific prescription and then cross-check.
2. Check evaluation with second or third party.

On a systematic, sequential, and scheduled basis

In the regular classroom, resource room, or support services office

1. Review available instructional programs.
2. Select appropriate instructional programs.
3. Implement an appropriate instructional program.

Prior to the academic year and as the need arises

**TACTICAL ARENAS****TACTICAL STEPS****WHO****CURRICULA: REGULAR CLASS****1.2.3. DEVELOP AND IMPLEMENT A SYSTEMATIC PLAN TO UPGRADE EXISTING INSTRUCTIONAL SERVICES IN RURAL AND REMOTE SETTINGS.**

1. Evaluate existing instructional services for handicapped children in the local school and community environment.

School, district, regional, and state personnel as required; and consultants with expertise in the areas of curricula, programming, special education, etc., as required

2. Review instructional service options within the district, state, region, and nation.

Educational personnel

3. Make a decision as to the maintenance of existing instructional programs or adoption of another service delivery system(s).

1. School personnel
2. Parents
3. Lay advisory groups

4. Maintain or modify existing programs or implement new systems.

School personnel

CURRICULA: REGULAR CLASS**1.2.4. IDENTIFY ALL HANDICAPPED CHILDREN WITHIN A CLASSROOM SETTING THROUGH THE DEVELOPMENT AND USE OF APPROPRIATE PROCEDURES.**

1. The teacher determines the school district or state processes for identifying and assessing needs of handicapped children.

State education agency staff members, local or intermediate district special education staff member(s), local, district, or regional professional colleagues

**WHERE****HOW****WHEN**

4. Provide modifications as demanded by growth and developmental changes of learner.

In the school

1. Hire third-party evaluators.
2. Engage state evaluation teams.
3. Conduct student interviews.
4. Review student growth as a result of the existing program.

Quarterly

1. Where feasible within district, state, or nation
2. In school with data provided by other systems

1. Visitation to other programs
2. Inservice conducted by consultants and media specialists
3. Literature review
4. Attendance and participation in conventions
5. Utilization of model demonstrations

Continuously

In the school or community.

By comparison and evaluation of the existing program with those reviewed

When the learner needs are clearly discerned

In the school

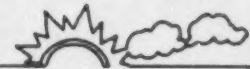
1. Continuation of existing program
2. Modification of existing program based on the review of other instructional service systems
3. Implementation of new systems
 - a. consultant or exchange-type program
 - b. Inservice training
 - c. pilot program

Following the decision made on a program

At a local school, local district or intermediate unit, county superintendent's office, materials/media (M/M) center at the regional level, neighboring district or school

By reading appropriate state legislation, rules and regulations, and guidelines; local, state, and regional special education job description review; and securing information from multi-media outlet, including educational television and satellite broadcasts

Prior to the end of the first two weeks of school

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

2. Teacher identifies a handicapped learner and makes a referral.

Classroom teacher and available resource persons within the school as needed, such as school psychologist, resource teacher, Public Health nurse, speech and hearing specialist

3. Appropriate sources are contacted and engaged for further assessment, if necessary.

School psychometrist, diagnostic/prescriptive teacher-consultant, regional/state medical center personnel, in the areas of pediatrics, psychiatry, psychology, and neurology; teaching colleagues in the same building, the same district, or region

4. Hold a staff meeting to determine the referral's eligibility for special education services.

School staffing personnel, including the class teacher, together with auxiliary personnel as needed (e.g., district, regional or state resources)

CURRICULA: REGULAR CLASS**1.2.5. DEVELOP AND IMPLEMENT A REFERRAL SYSTEM.**

1. A referral is initiated and forwarded to the appropriate source.

1. School personnel such as principals, nurses, librarians, or custodians

2. Community persons including parents, medical sources, etc.

2. The appropriate source validates the referral.

The appropriate source as defined by district or state guidelines

**WHERE****HOW****WHEN**

Within the school setting

Depending upon professional ability, informal or formal screening devices, standardized tests, observation of classroom behavior, or parent interview

At the point of awareness and concern, after appropriate tests have been administered and analyzed, and parents have been contacted

1. At the Regional Resource Center or Area Learning Resource Center
2. At mental health centers (state or county)
3. Health services centers (state or county units)
4. Neighboring schools and districts
5. Private health practitioners

Follow prescribed school procedures, e.g., according to principal or staffing request. Make parental contact and request for additional assessment on a private basis.

As soon as arrangements can be defined and scheduled

At the local school, local district or intermediate unit

Request a staffing through the appropriate administrative and support service resources. The teacher responds to a request for attendance at the staffing meeting from the appropriate local, district, regional, or state resources.

Three weeks following original referral staffing

1. In the classroom or other school settings
2. In the home or community.

By verbal communication to the appropriate source, and submission of the appropriate information on a standard referral form

As soon as the problem is identified and formulated

Educational settings, home, or community

By utilizing one or more of the following:

1. Observation
2. Academic work
3. Student interview
4. Cumulative records and test scores
5. Parent interviews
6. Community agencies
7. Systematic analysis

Complete validation should take place within one week after initial referral.

TACTICAL ARENAS**TACTICAL STEPS****WHO**

3. A staffing is held to review the referral data.

Staffing committee, for instance teacher, administrator, resource persons, and support personnel

4. A staff meeting is held to determine student's eligibility for special education services based on information obtained from the assessment.

Staffing committee

5. A follow-up evaluation is conducted to determine the effectiveness of the educational placement.

Staffing committee

CURRICULA: SPECIAL CLASS

- 1.2.6. DEVELOP AND IMPLEMENT A SYSTEMATIC PLAN TO UPGRADE EXISTING SPECIAL PROGRAMS FOR EXCEPTIONAL CHILDREN IN THE AREA OF DIAGNOSIS.

1. The teacher or staff will review diagnostic data in the areas of:
- a. medical
 - b. social
 - c. learning competencies
 - d. adaptive behavior.

Teacher, psychologist, parent, or support personnel

2. The teacher or staff will review classroom operations.

Teacher, parent, or support personnel

WHERE**HOW****WHEN**

In the school or community setting

1. Analyze collected data.
2. Determine appropriateness.
3. Determine needs for additional assessment, i.e., medical formal/informal assessment, home visit.
4. Review available programs.
5. Select the appropriate program.

Within two weeks of the validation

In the educational environment

1. Review of available assessment data
2. Selection or development of appropriate program, considering the least restrictive environment
3. Matching to existing established criterion

Upon completion of the required assessment

At the site of the selected placement

1. Evaluate child's progress
2. Offer additional help to teacher

30 days after placement

At the school

1. By using all available expertise in determining the uses for and value of the kinds of data used in diagnosing exceptional children
2. By formally recommending additional diagnosis instruments which appear to be needed
3. By recommending the deletion of procedures that are not helpful

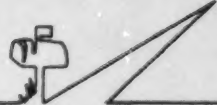
Annually

At the school

1. The teacher will utilize observation checklists of children's behavior, a self-rating checklist, and classroom environment checklists.
2. The teacher will try to objectively determine the interaction patterns and processes that occur in the classroom.
3. A trained observer may be utilized to record interaction patterns between child and teacher, or child and child.
4. A trained observer may chart the behaviors of individual children.

Bi-annually

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**TACTICAL ARENAS****TACTICAL STEPS****WHO****CURRICULA: SPECIAL CLASS**

1.2.7. DEVELOP AND IMPLEMENT
A SYSTEMATIC PLAN TO
UPGRADE EXISTING SPECIAL
PROGRAMS FOR EXCEPTIONAL
CHILDREN IN THE AREA OF
EDUCATIONAL PRESCRIPTION.

1. The teacher or staff will review
the previous prescriptions.

Teacher or staff

2. The teacher or staff will observe
other prescriptive processes.

Teacher or staff

3. A specialist will demonstrate
the prescriptive process.

Specialist

4. The teacher or staff will be
trained in prescriptive processes.

Specialist

CURRICULA: SPECIAL CLASS

1.2.8. DEVELOP AND IMPLEMENT A
SYSTEMATIC PLAN TO UP-
GRADE EXISTING SPECIAL
PROGRAMS FOR EXCEPTIONAL
CHILDREN IN THE AREA OF
EDUCATIONAL PROGRAMMING.

1. The teacher or staff will review
previous individual programming.

Teacher or staff

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**WHERE****HOW****WHEN**

5. If available, video taping equipment might be utilized to record classroom environment on one-to-one interactions.
6. Change and growth will be noted from one evaluation period to the next.

At the school

1. By reviewing previous prescriptions and noting such information as child change in academic, social or motor skills
2. Completeness in detailing the prescriptions and expected outcomes
3. Continuity or rationality of sequence of previous prescriptions, etc.

Early in the school year

At the school

1. By visiting and observing exemplary programs in the district or region
2. By attendance at workshops on prescriptions
3. By observing other teachers' methods in implementing prescriptions

Early in the school year

At the school

The teacher will request a demonstration by a district, regional or state specialist in implementing prescriptions, preferably in the teacher's classroom and involving a particular child and particular prescription.

Early in the school year

At the school

By workshops, demonstrations, and individual meetings

Early in the school year

At the school

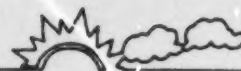
By reviewing the integrity of the overall programming for each child, noting long-term, short-term and immediate goals, with emphasis on the adequacy (or inadequacy) of long-term programming considerations

Early in the school year

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TACTICAL ARENAS	TACTICAL STEPS	WHO
	2. The teacher will observe or review other programming processes.	Teacher or staff
	3. Specialist will demonstrate programming process.	Specialist
	4. The teacher or staff will be trained in the programming process.	Specialist
CURRICULA: SPECIAL CLASS 1.2.9. DEVELOP AND IMPLEMENT A SYSTEMATIC PLAN TO UPGRADE EXISTING SPECIAL PROGRAMS FOR EXCEPTIONAL CHILDREN IN THE AREA OF EDUCATIONAL EVALUATION.	1. The teacher or staff will review previous evaluation plans.	Teacher or staff
	2. The teacher will observe and research other evaluation processes.	Teacher or staff
	3. A specialist will demonstrate the evaluation processes.	Specialist
	4. The teacher or staff will be trained in evaluation processes.	Specialist

**WHERE****HOW****WHEN**

At the school

1. By visits to exemplary programs, dialogue with other teachers of special classes
2. By reviewing available information and by requesting through the state Area Learning Resource Center additional information on programming

Early in the school year

At the school

By arranging for a demonstration(s) by a specialist in programming

Early in the school year

At the school

Through workshops, demonstrations, or individual meetings arranged through the district, regional or state offices

Early in the school year

At the school

By reviewing past evaluation methods and outcomes, noting if previous evaluation system provided ongoing information to permit changes in programming as needed

Early in the school year

At the school

1. By observing evaluation processes in exemplary programs, by determining the school, district or state requirements for evaluation
2. By researching evaluation designs which will fill day-by-day needs for prescription or program correction and still provide an overall evaluation of effectiveness

Early in the school year

At the school

A demonstration covering evaluation procedures may be requested by the teacher, the team or the total faculty.

Early in the school year

At the school

Training in evaluation may be through individual dialogue, demonstrations or workshops. A series of workshops may be set up for all district special class teachers covering diagnosis, prescription, programming and evaluation (1.2.6 through 1.2.9).

Early in the school year

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TACTICAL ARENAS	TACTICAL STEPS	WHO
CURRICULA: SPECIAL CLASS 1.2.10. PROVIDE AND IMPLEMENT DIAGNOSIS FOR ALL HANDICAPPED INDIVIDUALS WITH SPECIAL NEEDS.	1. The school system will conduct diagnostic needs assessments.	Teacher or district supervisor
	2. The teacher or staff will review existing diagnostic procedures at other locations.	Teacher or staff
	3. Teacher or staff will select elements from existing diagnostic procedures.	Teacher or staff
	4. The teacher or staff will adapt selected diagnostic procedures to meet special needs.	Teacher or staff
CURRICULA: SPECIAL CLASS 1.2.11. PROVIDE AND IMPLEMENT EDUCATIONAL PRESCRIPTIONS FOR ALL HANDICAPPED INDIVIDUALS WITH SPECIAL NEEDS.	1. The school system will conduct a prescriptive needs assessment.	Teacher or district supervisor
	2. Teacher or staff will review existing prescriptive procedures at other locations.	Teacher or staff
	3. The teacher or staff will select elements from existing prescriptive procedures.	Teacher or staff
	4. The teacher or staff will adapt selected prescriptive procedures to meet special needs.	Teacher or staff
CURRICULA: SPECIAL CLASS 1.2.12. PROVIDE AND IMPLEMENT EDUCATIONAL PROGRAMS FOR ALL HANDICAPPED INDIVIDUALS WITH SPECIAL NEEDS.	1. The school system will conduct a programming needs assessment.	Teacher, district supervisor or media specialist

WHERE**HOW****WHEN**

In the school system

Teachers, through a workshop, will learn informal diagnostic techniques based on daily classroom routine.

Prior to the opening of school

On the site of appropriate programs

By visits to exemplary programs

Prior to the opening of school, if schedule permits; otherwise, soon after school begins

At the school

In a staff meeting

Prior to the opening of school

In the school

Initial procedures will be determined in meetings, but procedures will be flexible to allow for teacher strengths and pupil needs.

Prior to the opening of school

Within the school system

Through a teacher survey, examination of student achievement information, dialogue with district, regional or state experts

Prior to the opening of school

At appropriate location

By visits to exemplary programs

Prior to the opening of school, if possible; otherwise, shortly after school begins

In the school

In a staff meeting, workshop, or small group meeting

Prior to the opening of school

In the school

In a staff or group meeting

Prior to the opening of school

In the school system

Through a teacher survey, achievement data of students, and through dialogue with programming experts

Prior to the opening of school

TACTICAL ARENAS**TACTICAL STEPS****WHO**

2. The teacher or staff will review existing programs and procedures at other locations.

Teacher, staff or media specialist

3. The teacher or staff will select elements from existing programming procedures.

Teacher, staff or media specialist

4. The teacher or staff will adapt selected programs procedures to meet special needs.

Teacher, staff or media specialist

CURRICULA: SPECIAL CLASS

- 1.2.13. PROVIDE AND IMPLEMENT EDUCATIONAL EVALUATIONS FOR ALL HANDICAPPED INDIVIDUALS WITH SPECIAL NEEDS.

1. The school system will conduct evaluation needs assessments.

Teacher, principal or district supervisor

2. The teacher or staff will research and review existing evaluation procedures at other locations.

Teacher or staff

3. The teacher or staff will select elements from existing evaluation procedures.

Teacher or staff

4. The teacher or staff will adapt selected evaluation procedures to meet special needs.

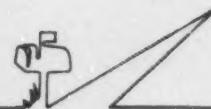
Teacher or staff

CURRICULA: SPECIAL CLASS

- 1.2.14. DEVELOP, SELECT, AND MODIFY CURRICULUM MATERIALS WHICH RESPOND TO THE SOCIOCULTURAL LEARNING NEEDS OF A GIVEN RURAL AREA.

1. Child diagnoses will be based on the use of criterion-referenced material.

Teachers, curriculum specialists, psycho-educational diagnosticians, or resource teachers

**WHERE****HOW****WHEN**

At appropriate locations

1. By on-site visits to exemplary centers
2. By literature searches on programming to meet needs

Prior to the opening of school

At the school

By consensus, with input from administrators, and general overall planning for programming for long-range goals for life preparation of exceptional students

Prior to the opening of school

In the school

In a staff meeting, utilizing all available expertise

Prior to the opening of school

Within the school system

1. By surveys
2. By third-party evaluations
3. By comparing evaluation data (both individual and program) available in other districts

Prior to the opening of school

In the school or on-site at exemplary projects

Through research reports, demonstrations or workshops, the teachers will gain information on the many aspects of evaluation.

Prior to the opening of school

In the school

In staff or group meetings, recognizing the accountability procedures required by the system, and selecting other elements that will provide needed feedback for ongoing program improvement

Prior to the opening of school

In the school

The special class teachers will adapt evaluation procedures to meet special needs without sacrificing accountability needs.

Prior to the opening of school

In the classroom

Through task analysis, teacher-made tests, or commercial tests

At the beginning of the school year, then as needed



TACTICAL ARENAS

TACTICAL STEPS

WHO

4. Refer those identified through screening as unserved handicapped persons for further evaluation.

The person responsible for screening will refer the individual to the appropriate diagnostic resource.

5. Provide for evaluation of referral, identification, and assessment systems.

Chief administrator or designee of the appropriate governmental or lay organizations having responsibilities for providing educational services to handicapped persons

- 1.3. DEVELOP, IMPLEMENT, AND EVALUATE A CONTINUOUS PROCESS FOR LOCATING UNDERSERVED HANDICAPPED CHILDREN, INCLUDING MINORITIES AND LOW-INCIDENCE HANDICAPPED.

Task Force Definition of underserved: Any exceptional student who is receiving an educational program, but whose educational

1. Agencies serving exceptional children will establish criteria for determining who the underserved child is and will define within their criteria a common definition for the served and underserved individual.

1. Interested persons in cooperation with appropriate agencies, such as federal agencies, which may include Health, Education, and Welfare, Bureau of Education for the Handicapped, and social-rehabilitation services
2. State agencies may include department of education, universities and colleges within the state system, departments of

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

- | | |
|---|--|
| 2. Children's diagnosis will be based on the use of commercially produced instruments. | Teachers, curriculum specialists, psycho-educational diagnosticians, resource teachers |
| 3. Children's diagnoses will reflect local criteria or norms. | Teachers, psycho-educational diagnosticians, special education supervisors |
| 4. Assess needs based on diagnosis relative to specific culturally related learning needs e.g., language, perceptual, development, motor, arithmetic. | Teacher, psychologist, support personnel |
| 5. Develop, adapt, and purchase prescriptive materials unique to the cultural needs of the area. | Teacher, psychologist, support personnel, media specialist |
| 6. Tie prescriptive materials to diagnostic profiles of learning needs. | Teacher, psychologist, support personnel, media specialist |
| 7. Utilize community resources in the prescriptive process. | Teacher, psychologist, support personnel, parent, or cultural leader |
| 8. The staff will review program materials. | Teacher or staff |
| 9. The staff will order materials from the media center for examination or pilot testing. | Teacher or staff |
| 10. Members of the community will check the program materials for sociocultural relevancy. | Community cultural leaders |
| 11. Members of the staff will acquire selected materials. | Teacher or staff |
| 12. The teacher or staff will review performance data in relation to predetermined outcomes. | Teacher, staff, or support personnel |

**WHERE****HOW****WHEN**

In the classroom

With commercial tests

Annually at the end of the term

In the classroom

By observation, using charts
which document behaviorsContinuously for program
modification and feedback

In the school

With a prescriptive process
checklistAt the beginning of school year
and then on an ongoing basis

In the school

By visiting a center or looking
through cataloguesAfter diagnosis but prior to the
school year

In the school

Through a review of prescriptive
and child needsAt the beginning of the school
year and then on an ongoing
basisIn the school, community, or
homeBy invitation of a community
cultural leaderPrior to and throughout the
school yearIn schools, convention centers,
media centers, or universitiesWith demonstrations and on-site
visitsEarly in the school year and on
an ongoing basis thereafter

In the school

By placing orders with the
nearest media center, checking
with the state Area Learning
Resource Center if items are not
available locally or in the districtEarly in the school year and
ongoing

In the school

Through invitations to an open
houseAs soon as materials are
available

In the school

By gaining staff consensus on
program materials and ordering

As soon as materials are available

At the school

Using an observation checklist,
reviewing achievement of
specified outcomes

Monthly through the year

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

13. The teacher or staff will observe students' performance in relation to predetermined outcomes.

Teacher, staff, or support personnel

14. The student will compare his own performance in relation to predetermined outcomes.

Student

15. Teacher or staff will consider local norms relative to expected outcome.

Teacher, staff, or support personnel

CURRICULUM: SPECIAL CLASS

1.2.15. DIAGNOSE ALL REFERRED INDIVIDUALS FROM EARLY CHILDHOOD TO THE UPPER LEGAL LIMITS THROUGH THE DEVELOPMENT AND USE OF APPROPRIATE PROCEDURES AND PROGRAMMING.

1. Obtain a diagnostic test battery.

Teacher, school or district supervisor, or psychologist

2. Train the staff to administer the diagnostic test battery.

Psychologist, district supervisor, or university personnel

3. Perform a diagnostic evaluation on each individual.

Teacher, psychologist or university personnel

4. Arrive at diagnostic conclusions.

Teacher, psychologist, or university personnel

CURRICULA: SPECIAL CLASS

1.2.16. PROVIDE EDUCATIONAL PRESCRIPTIONS FOR ALL REFERRED INDIVIDUALS FROM EARLY CHILDHOOD TO THE UPPER LEGAL LIMITS THROUGH THE DEVELOPMENT AND USE OF APPROPRIATE PROCEDURES AND PROGRAMMING.

1. Each child will go through a diagnostic prescription process.

Teacher

2. An itinerant diagnostic team will assist in the prescriptive process.

Itinerant

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**WHERE****HOW****WHEN**

At the school

By observation

Monthly through the year

At the school

With personal evaluation model;
student will check, or teacher
will record student's self-
evaluation

Monthly through the year

At the school

By determining local norms and
measuring progress toward
achieving norms

Monthly through the year

In the school

Formal or informal tests and
teacher-made testsPrior to the beginning of the
school year

In the school

By use of workshops, individual
instruction, observation of
method, or test manualsPrior to the beginning of the
school year

In the school

Through procedural test steps

At the beginning of the school
year and ongoing thereafter

In the school

Through staffing and examination
of test dataAfter the assessment has been
completed

In the classroom

Task analysis, behavioral
objectives, criterion-referenced
testing, pre-post norms for
program, discussions, or
progress chartTo be ongoing as the program
is implemented

In the classroom

By task analysis, behavioral
objectives, criterion-referenced
testing, pre-post norms for pro-
gram discussions, or progress
chartAt periodic intervals as scheduled
by contract**BEST COPY AVAILABLE**

TACTICAL ARENAS**TACTICAL STEPS****WHO**

3. An outside agency will assist with the prescriptive process.

Contracted agency, e.g., resource center, university, state department, or private agency

4. The staff will be trained in prescriptive methodology.

Contracted agent, curriculum specialists, university personnel, teachers, or administrators

CURRICULA: SPECIAL CLASS

- 2.17. EDUCATIONALLY PROGRAM ALL REFERRED INDIVIDUALS FROM EARLY CHILDHOOD TO THE UPPER LEGAL LIMITS THROUGH THE DEVELOPMENT AND USE OF APPROPRIATE PROCEDURES AND PROGRAMMING.

1. Commercially produced programmed material in areas such as reading, mathematics, etc., will be obtained.

Teacher or support personnel

2. The teacher will develop her own programs.

Teacher or support personnel

3. An outside agency will provide program methodology.

Contracted agency, for example, resource center, university, state department, or private agency

4. The staff will be trained in programmed material methodology.

Contracted agent, curriculum specialist, higher educators, or teachers

CURRICULA: SPECIAL CLASS

- 1.2.18. EVALUATE ALL REFERRED INDIVIDUALS FROM EARLY CHILDHOOD TO THE UPPER LEGAL LIMITS THROUGH THE DEVELOPMENT AND USE OF APPROPRIATE PROCEDURES AND PROGRAMMING.

1. Exceptional students will be evaluated by criterion-referenced instruments.

Teacher or support personnel

2. Exceptional students will be evaluated by commercial instruments.

Teacher or support personnel

3. Exceptional students will be evaluated according to local criteria or norms.

Teacher or support personnel

WHERE**HOW****WHEN**

At the school location, at home,
or at a clinic

With individual instruments,
social workups, medical eval-
uations or school data

To be specified by contract
delivery schedule

In a school, college, community,
or neighborhood school

Through demonstrations, liter-
ature searches, lectures, video-
tapes, materials, internship, or
media center

Yearly

In the classroom

Ordering commercially produced
program materials based on
individual student's needs and
teacher's ability to properly use
media or computer to enhance
learning

On an ongoing basis

In the classroom

Teacher-developed programs will
be based on needs of handi-
capped individuals

On an ongoing basis.

In a clinic, mobil unit, or school

By observing students, hearing
teacher needs, and reviewing
program methodologies relevant
to needs of students and
capabilities of teacher

Administratively programmed as
determined by the teacher

In school, college, community,
or neighboring school

By demonstration, literature
searches, lectures, audio-visual
media, materials, internship, or
media center

Yearly

In the classroom

Using criterion-referenced tests,
progress charts, or behavioral
charts

On an ongoing basis

In the classroom

Using norm-referenced and group
or individual instruments

On an ongoing basis

In the classroom

Using norm-referenced and
group or individual instruments

On an ongoing basis

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

4. Exceptional students will be evaluated by observation of their behavior.

Teacher, clinician, support personnel, social worker, parents, or medical person

CURRICULA: HOMEBOUND

- 1.2.19. DEVELOP AND IMPLEMENT A SYSTEMATIC MECHANISM FOR DELIVERING EDUCATIONAL DIAGNOSTIC SERVICES TO HOMEBOUND HANDICAPPED CHILDREN.

1. Inventory existing educational diagnostic tools.

1. The person with primary responsibility for knowledge of existing services
2. Supporting diagnostic personnel in the immediate service area

2. Identify diagnostic tools applicable to the homebound population.

1. The person with primary responsibility for knowledge of existing services
2. Supporting diagnostic personnel in the immediate service area

3. Identify diagnostic needs of the homebound population.

The person with the primary responsibility for knowledge of existing services; the supporting diagnostic personnel in the immediate service area, the identification team and other referral sources when available

4. Identify any existing support diagnostic services regularly available to the homebound instructor to meet the needs not satisfied by Tactical Step 2.

The person with primary responsibility for the homebound program and local support staff



WHERE

HOW

WHEN

In the child's environment; e.g., school, home or neighborhood

Using behavioral observation charts or checklists

On an ongoing basis

In the immediate service area

Utilize the following sources:

1. ERIC system
2. Bibliographies of diagnostic tools
3. Council for Exceptional Children
4. Local university
5. Area Learning Resource Center
6. Mailing lists
7. Catalogues
8. Staff personnel resource list.

Prior to performance of the diagnostic service and then periodically to review

In the immediate service area.

The instrument should:

include a range of handicaps
include a range of ages
use a range of areas
be reliable and valid
be easy to administer
not require extensive training
have a short administration
time
be portable
be adaptable to cultural and ethnic differences

Prior to initiation of diagnostic services to homebound children

In the immediate service area or the regional area

Review the initial identification referral data in regard to mental age, chronological age, handicap, home environment, and primary language.

Prior to establishing the homebound service and prior to diagnosis of any student referred

In the immediate service area or regional area

1. Assess the capabilities of immediate support staff.
2. Review other services in the area:
United Cerebral Palsy
local schools
social services
United Good Neighbor
Developmental Disability
Council
intermediate districts.

Once, prior to establishing the homebound program and then as new services become available in area

TACTICAL ARENAS

TACTICAL STEPS

WHO

5. Prioritize the acquisition of tools and services identified as needed but not immediately available through the homebound instructor, support personnel and other servicing agencies.

The person with primary responsibility for the homebound program with expertise of diagnostic support personnel if available

6. Complete diagnostic assessment by utilizing existing diagnostic tools, if possible.

The home contact person

7. If existing tools are not adequate, utilize other diagnostic resources and tools to assess needs.

Diagnostic support personnel from the immediate service area (speech pathologist, physical therapist, occupational therapist, psychologist, reading specialist, learning disabilities teacher).

8. If supplementary tools are not adequate, contact ancillary services (clinics, disability specialists from universities, etc.).

The home contact person and diagnostic support personnel

CURRICULA: HOMEBOUND

1.2.20. DEVELOP AND IMPLEMENT A SYSTEMATIC MECHANISM FOR EDUCATIONAL PRESCRIPTION SERVICES TO HOMEBOUND HANDICAPPED CHILDREN.

1. Develop a profile of the child's educational needs.

The home contact person, involved diagnostic personnel (see 1.2.19, Tactical Step 6), parent, or child (when appropriate)

2. Prioritize needs in terms of long-term goals.

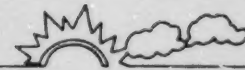
The home contact person, using input from parents, diagnostic personnel, or child

3. Break down high priority, long-range goals into short-term steps manageable within the contact interval.

The home contact person, using input from parents, diagnostic personnel, child

4. Put Tactic 3 into a form which is usable to the parent and program implementer, where visits are regular and frequent.

Home contact persons and parents

**WHERE****HOW****WHEN**

At the local and regional level

Compare existing diagnostic tools and services (Tactical Steps 2 and 4) to what is needed (Tactical Step 3) to determine any unmet needs. Prioritize needs by criteria, such as cost, frequency of use, plus those in Tactical Step 2.

Prior to the program and yearly thereafter

In the home

Administer those assessment tools identified for the child (see Tactical Step 3).

The first home contact should occur preferably within 30 days of the referral to homebound placement.

In the home, the school, or the assessment center

Administer scales providing additional assessment data selected by diagnostic personnel.

After the initial assessment by the contact person, and as needed thereafter (see Tactical Arena 1.2.22)

In the home, regional facility, or diagnostic facility (state institution, etc.)

Review the available data; determine additional diagnostic needs; then determine the proper agency to refer to (see Tactical Step 4).

If needed, within 30 days of Tactical Step 7 or as needed (see Tactical Arena 1.2.22).

In the home or where the assessment is completed (see 1.2.19, Tactical Step 6)

Display strengths and weaknesses as determined through diagnosis (using score measures and summary data from diagnostic tools)

Following 1.2.19, not more than one week after Step 6, two weeks after Step 7, or four weeks after Step 8.

In the home or where the assessment is completed

Prioritize needs according to developmental sequence, immediacy for parent and student, student readiness for skill, etc.

Immediately following Step 1

In the home or where the assessment is completed

Task analyze long-range goals into steps which are small enough that parent and student can achieve them within approximately one week.

Immediately following or concurrently with Step 2 and ongoing thereafter

In the home or where the assessment is completed

Hold a conference with the parent(s). The parent accounts for observed rate of the child's performance change. A personal conference is held weekly or every other week, phone contact is made weekly.

During the regular contact (weekly)

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

5. Put Tactic 3 into a form which is useable by the parent and the program implementer, where visits are irregular and infrequent.

Home contact person or parents

CURRICULA: HOMEBOUND

1.2.21 **DEVELOP AND IMPLEMENT A SYSTEMATIC MECHANISM FOR EDUCATIONAL PROGRAMMING SERVICES TO HOMEBOUND HANDICAPPED CHILDREN.**

1. Survey existing materials and resources applicable to use in homebound programs.

The supervisor of the home contact person, the home contact person, or other staff

2. Select or develop those materials which are most appropriate to a specific prescription.

The supervisor of the home contact person, the home contact person, or other staff

3. Provide training in the use of prescription and materials to the program implementer.

The supervisor of the home contact person, the home contact person, local resource personnel, or consultants from other established programs nationwide

4. Provide appropriate program(s) for each student in the homebound program.

The home contact person

5. Provide for feedback and program updating when contact is regular.

The home contact person, parent, or student (when applicable)



WHERE

HOW

WHEN

In the home or where the assessment is completed

Hold a conference with the parent(s). Parent accounts for observed rate of the child's performance change. A personal conference is held weekly or every other week, and phone contact is made when possible. Mail is used as needed.

When possible, as needed

In the local or regional service area

Using the ERIC system, bibliographies of diagnostic tools, the Council for Exceptional Children, local universities, local Area Learning Resource Centers, mailing lists, catalogues, staff personal resource lists (except with educational program materials), other sources such as Yeshiva University and the National Center for Educational Media and Materials for the Handicapped

Prior to the estimated home-bound program services and on an ongoing basis

In the local or the regional service area

Develop and apply criteria, i.e., cost, durability, frequency of use, broad range of academic and social skills, language/communication development, etc.

Prior to the estimated home-bound program services and on an ongoing basis.

In the local or the regional service area.

Use a structured workshop situation with lectures, written materials, and opportunities for actual practice. Workshops could include training home contact persons to train parents, to implement curricula, do task analysis, write behavioral objectives, etc.

From the initial week to two-weeks prior to program, and ongoing

In the local or the regional service area

Instruct the parent or implementer in the home on how to carry out the program, use reinforcement procedures, child management procedures, and how to evaluate child performance.

One week following prescription and ongoing at contact intervals

In the home

a. Evaluation of parent performance and student's behavior change, b. telephone calls to assist with crisis situation or provide additional information, c. change the program, leave the new program, or get more information on the present program

a. At contact interval, one to two weeks (home visit), b. between contact period, c. either a or b

TACTICAL ARENAS**TACTICAL STEPS****WHO**

CURRICULA: HOMEBOUND
1.2.22. DEVELOP AND IMPLEMENT
A SYSTEMATIC MECHANISM
FOR EVALUATION OF SERVICES
TO HOMEBOUND HANDI-
CAPPED CHILDREN.

6. Provide feedback and program updating when the contact is on a long-term basis.

The home contact person, parent, or student (when applicable)

1. Evaluate the acquisition of skills of homebound children in terms of whether the goals are reached.

The home contact person, parent, or student (if applicable)

2. If goals are not reached, institute a trouble-shooting process, looking at program implementation to determine whether it is being followed.

The home contact person, or the supervisor of the home contact person

3. If goals are not reached but program implementation is being followed, look at the program content, materials, sequences, and procedures.

The home contact person, parent, student, or possibly resource people at the local level

4. If the goals are not reached, determine whether the prescription and the goals were appropriate.

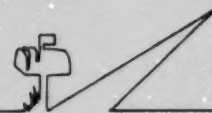
The home contact person, parent, student, or possibly resource people at the local level

5. If the goals are not reached, determine whether the diagnosis was appropriate.

The home contact person and others involved in the program

6. If the goals are reached, reevaluate the appropriateness of a homebound program for the child and explore other possibilities (schools, residential facilities, etc.).

The home contact person and others involved

**WHERE****HOW****WHEN**

In the home

All of above (Step 5) plus
d. mail new programs as others
are completed, e. give the parent
better instruction, and f. reinforce
parental efforts

All of above (a) through (c)
(Step 5), plus d. at contact
interval (home visit as needed),
e. phone, weekly, f. mail,
monthly

In the home

Use baseline and post-baseline
measures of skill acquisition:
that is, was it achieved within
time period determined? Parent
and/or student may evaluate
the program.

At contact interval, personal visit,
mail contact, phone contact

In the home or at the local
service level

Check out program components
by making a home visit to
determine if teaching procedure
is being followed, if reinforcement
is appropriate, and whether
teaching intervals are appro-
priate.

As the need arises and on a
yearly basis

In the home or at a local service
level

Evaluate the following: Is the
content at an appropriate level
for the student; are the materials
appropriate; are they interesting
to the student; are better ones
available; is the sequence cor-
rect; is a smaller step needed or
a different step; is the language
used at the student's level?

As the need arises and on a
yearly basis

In the home or the local service
level

Reevaluate the long- and short-
term goals in terms of additional
information on the child's rate
of behavior change.

As the need arises and on a
yearly basis

At the local or regional level

Reevaluate the test performance
of the child and possibly relate
it to the appropriateness of the
diagnosis.

As the need arises

In the local and regional service
area

Reevaluate program possibilities
in regard to the new or revised
diagnosis. The child's progress
toward goals may qualify him for
a new program placement,
especially in regard to preschool
and temporarily homebound
students.

As the need arises, or on a yearly
basis

**TACTICAL ARENAS****TACTICAL STEPS****WHO****CURRICULA: RESIDENTIAL****1.2.23. PROVIDE EARLY EDUCATIONAL DIAGNOSIS FOR ALL CHILDREN WITH SPECIAL NEEDS.**

1. Administer developmental screening tests.

Psychologist, resident pediatrician, social worker, or other qualified person

2. Make specific (developmental) assessments.

Specified residential staff

CURRICULA: RESIDENTIAL**1.2.24. PROVIDE EARLY EDUCATIONAL PRESCRIPTIONS FOR ALL CHILDREN WITH SPECIAL NEEDS.**

1. Prepare a profile of strengths and weaknesses of the child.

Special education director, teacher, psychologist, or other designated personnel

2. Identify the skills necessary for developmental growth.

Special education director, teacher, psychologist, or other designated personnel

3. Identify and recommend tasks or procedures to strengthen the child's weaknesses by capitalizing on strengths.

Special education director, teacher, psychologist, or other designated personnel

4. Develop a plan for implementation including objectives, curricular materials, and data collection procedures.

Teaching or training staff, or other designated personnel

CURRICULA: RESIDENTIAL**1.2.25. PROVIDE EARLY EDUCATIONAL PROGRAMMING FOR ALL CHILDREN WITH SPECIAL NEEDS.**

1. The selected prescription will be communicated to the persons involved in the training of the child.

All involved staff (professionals and paraprofessionals)

2. Implement the plan developed for the child.

All involved staff (professionals and paraprofessionals)

3. Set up the mechanism(s) for collecting data.

All involved staff (professionals and paraprofessionals)

**WHERE****HOW****WHEN**

At clinic, home, hospital, or residential facility

Using formal developmental tests

Prior to final placement into the residential center or program

At the residential facility

Using informal and/or formal assessment scales

Prior to placement into the residential classes or programs

At the residential setting

Through summaries of test results and other information obtained

Before placement into classes

At the residential setting

Through analysis of the profiles, test results, and additional information compared to developmental skill sequences

Before placement into classes

At the residential setting

Based on the information obtained, select next-step skills to be learned from developmental skills sequence.

After the placement has been made

At the residential facility, educational facility, or other specified facility necessary for specialized treatment, e.g., therapy facilities, medical laboratories

Devise a long-range plan. Determine step-by-step procedures (unit or lesson plans). Flow chart and PERT the plan.

After the placement has been made

At the residential setting

Draw on the training component of the institution. Meet with involved staff or representatives. Distribute printed instructions, etc. Document the individual educational plan.

Prior to implementation

At the residential setting or facility designated for specialized training (pool, etc.)

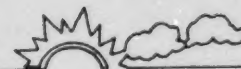
Assign the responsibility for training to the appropriate staff. Outline the use of materials or equipment needed.

Following staffing, at the time, place, etc., decided upon

At the residential setting or facility designated for specialized training (pool, etc.)

Use the data collection instruments designated during the diagnostic phase to get change data on each programmed person.

During the course of the program

**TACTICAL ARENAS****TACTICAL STEPS****WHO****CURRICULA: RESIDENTIAL****1.2.26. PROVIDE EARLY EDUCATIONAL EVALUATIONS FOR ALL CHILDREN WITH SPECIAL NEEDS.**

1. Compile all data and reports relating to the program objectives.

Assigned staff

2. Compare the results with the objectives stated in the program.

Program coordinator, designer(s) of the prescription, special education director, teaching/training team(s) representatives

3. Utilize the comparisons to make decisions regarding additional programming.

Program coordinator, designer(s) of the prescription, special education director, teaching/training team(s) representatives, or other designee(s)

4. Re-enter (recycle) at the prescription stage and modify as necessary.

Program coordinator, designer(s) of the prescription, special education director, teaching/training team(s) representatives, or other designee(s)

CURRICULA: RESIDENTIAL**1.2.27. IDENTIFY AND PROVIDE INDIVIDUALIZED DIAGNOSTIC SERVICES TO ALL HANDICAPPED CITIZENS WHO ARE PRESENTLY UNSERVED OR UNDERSERVED, TAKING CULTURAL AND ETHNIC DIFFERENCES INTO ACCOUNT.**

1. Determine through observation of other procedures appropriate assessment tools which would assess motor, self-help, communication, social and cognition skills, attention to stimuli, compliance, and recreation.

Supervisor of special education or psychologist

2. Administer selected tests.

Supervisor of special education, psychologist, diagnosticians, or appointed and trained designees

3. Summarize the results of the tests.

Supervisor of special education, psychologist, diagnosticians, or appointed and trained designees

**WHERE****HOW****WHEN**

At the residential setting

Provide summaries of all data collected according to standardized evaluation format and procedures.

Ongoing

At the residential setting

Compare the data collected with the objectives of the program and show discrepancies.

Ongoing

At the residential setting

By analyzing:

1. Information
2. Data
3. Comparison statements
4. Recommendations which have been requested or submitted

Ongoing

At the residential setting

Utilize the collected data as it applies to the flow of events in program development.

Upon completion of each task or at predetermined intervals, but at least every three months

At the residential setting

1. Contact other facilities for in-use processes.
2. Search the literature to select options to try.
3. Search for sample sets of materials and processes.
4. Try out and select the best tools.

At the point of development of new procedures

At the residential setting

By screening, or by specific assessment of developmental needs using pre-determined categories standardized across the facility

On development of new procedures

At the residential setting

Tabulate the test results and group according to the type of information needed.

Continuous or at least every 90 days or as determined by facility policy

TACTICAL ARENAS**TACTICAL STEPS****WHO****CURRICULA: RESIDENTIAL**

- 1.2.28. IDENTIFY AND PROVIDE INDIVIDUALIZED PROGRAMMING SERVICES TO ALL HANDICAPPED CITIZENS WHO ARE PRESENTLY UNSERVED OR UNDERSERVED, TAKING CULTURAL AND ETHNIC DIFFERENCES INTO ACCOUNT.

1. Communicate prescription information to persons involved in the training of the child.

The coordinator of resident growth and development, responsible for a given set of residents and a given living area

2. Implement a prescriptive program for each resident for whom a prescription has been developed.

Assign specific responsibility to pre-trained direct-care staff whenever possible, or professionals when others cannot do it.

3. Set up a mechanism for collecting data for each child.

Direct-care and professional staff collect the behavioral data; supervisory staff collect and summarize the data.

CURRICULA: RESIDENTIAL

- 1.2.29. IDENTIFY AND PROVIDE INDIVIDUALIZED PRESCRIPTIVE SERVICES TO ALL HANDICAPPED CITIZENS WHO ARE PRESENTLY UNSERVED OR UNDERSERVED, TAKING CULTURAL AND ETHNIC DIFFERENCES INTO ACCOUNT.

1. Document a profile of strengths and weaknesses.

A professional person with appropriate skills where necessary; direct-care staff may be used as they become trained

2. Identify the skills necessary for sequential developmental growth.

A professional person with appropriate skills where necessary; direct-care staff may be used as they become trained

3. Identify and recommend tasks or procedures to strengthen the child's weaknesses by capitalizing on strengths.

A professional person with appropriate skills where necessary; direct-care staff if trained

4. Develop a plan of implementation including objectives, curricular materials, and data collection procedures.

A professional person with appropriate skills where necessary; direct-care staff if trained

WHERE**HOW****WHEN**

At the facility or at another agency or organization providing training

On standardized forms in use for such purposes throughout the facility stating who, what, how, how often, how well the subject is learned, reinforcements used, etc.

After each assessment and staffing assignment for resident training

At the facility or at another agency or organization providing training

Schedule and carry out training session periods for each resident and document responsibility and accountability assignments given to staff on standardized forms.

After each assessment and staffing assignment for resident training

At the facility or at another agency or organization providing training

As behaviors are shaped and maintained, data is recorded on standardized forms to be collected for tabulation at periodic intervals.

At periodic intervals independent of resident achievement of objectives for education or training

At the facility

Through a developmental curricular model inclusive of categories of resident growth and development determined by "task analysis"

At least every 90 days for each resident

At the facility

Through a developmental curricular model inclusive of categories of resident growth and development determined by "task analysis"

At least every 90 days for each resident

At the facility

Using a developmental curricular model inclusive of categories of resident growth and development determined by "task analysis"

At least every 90 days for each resident

At the facility

According to the existing hierarchy of both professional and direct-care staff outlining implementation accountability for hands-on training, data recording and coordination

Concurrently with Steps 2 and 3 and reflecting changes recommended as training proceeds

**TACTICAL ARENAS****TACTICAL STEPS****WHO****CURRICULA: RESIDENTIAL**

1.2.30. IDENTIFY AND PROVIDE INDIVIDUALIZED EVALUATION SERVICES TO ALL HANDICAPPED CITIZENS WHO ARE PRESENTLY UNSERVED OR UNDERSERVED TAKING CULTURAL AND ETHNIC DIFFERENCES INTO ACCOUNT.

1. Compile data and reports relating to program objectives.

Program director or designee

2. Compare the results with the objectives stated in the program.

Program director or designee

3. Utilize comparisons to make decisions regarding additional programming.

Program director or designee

4. Recycle back to the prescription stage and modify as necessary.

Program director or designee

CURRICULA: RESIDENTIAL

1.2.31. DEVELOP, IMPLEMENT, EVALUATE, AND REVISE ON A CONTINUING BASIS, PLANS TO UPGRADE AND UPDATE NECESSARY EDUCATIONAL DIAGNOSTIC SERVICES.

1. List all of the existing programs.

Assigned staff

2. List desired and/or needed program areas according to given or developed standards.

Assigned staff or possibly a team

3. Analyze discrepancies between what is and what is needed.

Assigned staff or team

4. Prioritize the needs.

Assigned staff or team

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**WHERE****HOW****WHEN**

At the facility in the appropriate administrative unit, e.g. (1) school program, (2) living unit training program, etc.

Using management-by-objectives procedures for measureable program achievement relative to optimal resident growth and development

At three-month intervals, or at least annually

At the facility in the appropriate administrative unit, e.g., (1) school program, (2) living unit training program; etc.

Do analysis of discrepancies between objectives criteria and actual achievement or outcomes.

At three-month intervals, or at least annually

At the facility in the appropriate administrative unit, e.g. (1) school program, (2) living unit training program; etc.

Develop new or modified program objectives stating relevant and feasible objectives which are measurable.

At three-month intervals, or at least annually

At the facility in the appropriate administrative unit, e.g., (1) school program, (2) living unit training program; etc.

Modify resident prescriptions so that individual growth is in line with program objectives and the latter is dependent on the former's potential for growth.

At three-month intervals, or at least annually

At the residential setting

Tabulate from the organization's records; observe and record data from the programs.

At the start of the project

At the residential setting

By a review of the literature, legislative directives, administrative directives, records, and progress reports

At the start of the project

At the residential setting

By summary and comparison

At the start of the project

At the residential setting

List the needs according to the target date required as determined by program objectives and standards.

As soon as Steps 1 and 2 are completed

TACTICAL ARENAS**TACTICAL STEPS****WHO****CURRICULA: RESIDENTIAL**

1.2.32. DEVELOP, IMPLEMENT, EVALUATE, AND REVISE ON A CONTINUING BASIS, PLANS TO UPGRADE AND UPDATE NECESSARY EDUCATIONAL PRESCRIPTION SERVICES.

1. Determine the cost of implementing priority programs.

Assigned staff

2. Detail the structure of the priority programs.

Assigned staff

3. Outline the program objectives in measurable terms.

Assigned staff

4. Make recommendations for implementing the program; clarify the scope of work and determine budgeting procedures.

Assigned staff

CURRICULA: RESIDENTIAL

1.2.33. DEVELOP, IMPLEMENT, EVALUATE, AND REVISE ON A CONTINUING BASIS, PLANS TO UPGRADE AND UPDATE NECESSARY EDUCATIONAL PROGRAMMING SERVICES.

1. Procure the goods and services necessary for implementing the plan.

Director of programming, administrator, personnel director or other designated person(s)

2. Relate the procurement and procedures to the scope of work outlined in the plan.

Director of programming, administrator, personnel director, or other designated person(s)

3. Carry out the procedures to meet the objectives stated.

Director of programming, administrator, personnel director, or other designated person(s)

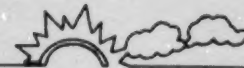
CURRICULA: RESIDENTIAL

1.2.34. DEVELOP, IMPLEMENT, EVALUATE, AND REVISE ON A CONTINUING BASIS, PLANS TO UPGRADE AND UPDATE NECESSARY EDUCATIONAL EVALUATION SERVICES.

1. Determine the evaluation design.

Assigned staff

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**WHERE****HOW****WHEN**

At the residential setting

Complete a cost analysis, make inquiries, conduct surveys.

Before writing the plan

At the residential setting

Outline the scope of the program in flow charts.

Before writing the plan

At the residential setting

Attach to the flow chart events the probable measurable indicators of future and needed program success.

Before writing the plan

At the residential setting

List program guidelines, objectives and flow chart items as the scope of work. Code proposed goals, services, and expenditure categories within the scope of work.

Before implementation of the program

At the residential setting

Notify and inform residential finance office of intent to submit bids; complete negotiations; contact personnel office if needed; and assign responsibilities for accountability.

Following approval of the plan

At the residential setting

Using performance scales, flow charts, and data collection instruments

On an ongoing basis

At the residential setting

Complete jobs designated, complete contract obligations, write personnel performance evaluations, write progress reports, and maintain accountability information.

On an ongoing basis

At the residential setting

Review required state information and formats. Use agency performance scales or management-by-objectives criteria.

Prior to implementation of the plan

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

	2. Develop data collection instruments and procedures to accommodate the design.	Assigned staff
	3. Collect the necessary data	Assigned staff
	4. Analyze the data and draw program conclusions.	Assigned staff or possible team(s) of state advisory personnel
CURRICULA: RESIDENTIAL 1.2.35. THE RESIDENTIAL FACILITY WILL DEVELOP, IMPLEMENT, EVALUATE, AND MODIFY ENTRY AND EXIT REFERRAL SYSTEMS AS NEEDED.	1. Compile a list of existing referral systems.	Staff assigned to the project
	2. Define the components and parameters of the identified systems.	Staff assigned to the project
	3. Analyze the effectiveness of the components of the identified systems, and summarize the findings.	Staff assigned to the project
	4. Modify the present system or develop a new system of referral as indicated.	Staff assigned to the project
	5. Detail the procedures necessary to implement the selected system.	Staff member(s), e.g., administrator, admissions and discharge committee
	6. Describe the system in terms of measurable objectives.	Staff member(s), e.g., administrator, admissions and discharge committee

**WHERE****HOW****WHEN**

At the residential setting

Develop outcome or criterion-based assessment procedures to fit the measurement requirements of the program evaluation design.

Prior to implementation of the project

At the residential setting

Use the above criteria for evaluation procedures, and tie into the management-by-objectives system where possible.

During the implementation of the project

At the residential setting

Tabulate assessment data by organizing and grouping it. Generalize from the data to whether or not the goals have been met.

Following implementation and for the duration of the program

At the residential facility

1. Review pertinent literature.
2. Tabulate the previously used system(s).
3. Identify the systems through a review of previous referrals.

Prior to the writing of the referral plan

At the residential facility

By preparing a flow chart beginning with the source of the referral and going through admission and/or discharge procedures

Prior to the writing of the referral plan

At the residential facility

Compare the present criteria to the desired criteria as observed from the existing process.

Prior to the writing of the referral plan

At the residential facility

As appropriate for the facility requirements and needs

Prior to writing the referral plan

At the residential facility

Outline new or modified procedures. List the procedural steps to be taken prior to admission and discharge.

Before implementation and continuously thereafter

At the residential facility

Use flow charts.

Before implementation of the system

TACTICAL ARENAS**TACTICAL STEPS****WHO**

7. Make specific recommendations for implementing the system by (1) clarifying the scope of work; and (2) defining budgetary needs and procedures.

Staff member(s), e.g., administrator, admissions and discharge committee

8. Package the system and disseminate the components and criteria to referring agency(s).

Assigned staff member(s) or contracted personnel, e.g., printer, public relations office

9. Carry out the procedures to meet the objectives.

Assigned staff member(s) or contracted personnel, e.g., printer, public relations office

10. Accept referrals within the criteria of the packaged system.

Assigned staff

11. Determine an evaluation design.

Assigned staff member(s)

12. Develop data collection instruments and procedures to accommodate the design.

Assigned staff member(s)

13. Collect the data.

Assigned staff member(s)

14. Analyze the data and draw conclusions about the effectiveness of the referral system in use.

The team that designed the finalized system or another designated person

**WHERE****HOW****WHEN**

At the residential facility

Prepare a finalized plan.

Before implementation of the system

At the residential facility or at another designated location

Publish and disseminate the materials and information by mail or personal contact.

On an ongoing basis

At the residential facility or at another designated location

Publish and disseminate the materials and information by mail or personal contact.

On an ongoing basis

At the residential facility or at another designated location

By using the forms and procedures designated in the selected program

On an ongoing basis

At the residential facility

Through reports and objectives translated into charts, graphs, etc.

Prior to the implementation of the proposal

At the residential facility

Through charting and designating desired reporting formats

Prior to implementation of the proposal

At the residential facility

Use summaries of referrals received and processed, charts, graphs of data, processed referrals, delayed referrals, and feedback from referring agencies.

On an ongoing basis

At the residential facility

Compare the collected data to the objectives.

On an ongoing basis

PROGRAM TASK FORCE: Training



Resource Person:
Frank South,
State Service Coordinator,
Rocky Mountain
Regional Resource Center

Facilitators:
Phil Deppe
Robert L. Erdman
George Jesien
Wayne Johnson
Bill Wilson

Recorders:
Mike Hansen
Shirley Florence

"The training program, staying within the context of the conference, addressed the four categories outlined. The general intent was to identify what the needs are, to develop strategies for meeting the needs, to identify the kinds of people it would take to accomplish that kind of training — the competencies these people would need — and to assure that the community and consumer input and involvement are presented. The training group participants submit their efforts to the document representing their corporate wisdom and reflecting their dedication and collegiality."

— Frank South

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the original document was blank.

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TACTICAL ARENAS

TACTICAL STEPS

WHO

TRAINING: REGULAR CLASS

- 1.3.1. CONDUCT A NEEDS ASSESSMENT TO PROVIDE A RATIONALE FOR INSERVICE TRAINING.

1. Develop a comprehensive needs assessment instrument (one capable of assessing local needs and interests).

Appropriate educational agencies initiating the service

2. Conduct the needs assessment.

Trained staff designated by initiating agency

3. Evaluate the results of the needs assessment.

Staff designated by initiating educational agency

4. Specify the training needs.

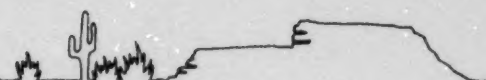
Initiating and receiving agencies and consultants

TRAINING: REGULAR CLASS

- 1.3.2. PROVIDE INFORMATION AND MOTIVATION TO ALL EDUCATORS TO INDIVIDUALIZE INSTRUCTION FOR ALL CHILDREN REGARDLESS OF LEARNING DIFFERENCES OR HANDICAPPING CONDITION.

1. Disseminate needs assessment results to community and schools.

Persons designated by the initiating agency (state, regional, local)



WHERE

HOW

WHEN

As designated by the initiating agencies

1. Identify the population to be surveyed.
2. Utilize consultant help (human, library, and agency resources).
3. Design a plan for data interpretation.
4. Identify existing demonstration models.
5. Modify models relative to populations to be assessed and served.

Prior to initiation of the training program

On a local level

1. Contact superintendent or area supervisor for input and approval.
2. Train staff to use the instrument.
3. Publicize through local resources.
4. Distribute the instrument with simple instructions and cover letter (personal delivery and pick-up when possible).

Prior to the initiation of the training programs

As appropriate

1. Tabulate data.
2. Summarize data into "useable" forms, services needed, available, and desired.
3. Follow-up or evaluate initial study informally.

As soon as data and summaries are prepared

As appropriate

1. List needs on the basis of data returned.
2. List needs according to the severity of the need.
3. Disseminate data in an appropriate form to the participants.

Upon completion of the evaluation of the needs assessment data and upon a "need to know" basis

Within boundaries of agencies being assessed, i.e., local schools, administrators, local school community, parent boards, and local educational associations

Multimedia presentations, written reports, group meetings, public news media

Upon completion of the evaluation of the needs assessment

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

2. Identify and present alternative approaches to meeting needs as indicated by the needs assessment.

Persons designated by the initiating agency (state, regional, local)

TRAINING: REGULAR CLASS

- 1.3.3. PROVIDE ADEQUATE, RELATED TRAINING PROGRAMS TO PRODUCE COMPETENT EDUCATORS TO MEET THE IDENTIFIED NEEDS OF THE DEVELOPING SPECIAL EDUCATION PROGRAMS, STRESSING RECRUITMENT AND APPROPRIATE TRAINING OF RURAL EDUCATORS.

1. Recruit educators for rural and remote areas.

Training institution in coordination with local education associations

2. Establish behavioral objectives (expected outcomes) based on a needs assessment.

The training agency in cooperation with local educational associations and community groups

3. Pre-test trainees on established objectives.

The trainer

4. Develop a training sequence and determine needed materials.

The trainer and the trainee in a coordinated effort

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WHERE

HOW

WHEN

Within the boundaries of the agencies being assessed, i.e., local schools, administrators, local school communities, parent boards, and local educational associations

Multimedia presentations, news media, written reports, group meetings, etc.

Prior to determination of the approaches to be taken to meet the needs

Any location where potential educators can be found

Develop incentives to attract rural teachers into program:

- free training
- on-site training
- extension credits
- administrative support from local education association
- tenure and salary increments
- stipends
- laws and regulations.

Prior to the initiation of the training program

In the office of the training agency and in local educational associations

- Review the needs assessment:
1. Identify, review, and evaluate available sources of behavioral objectives for training.
 2. Consult with resource people and teachers with proven competencies in writing behavioral objectives; also, with regular classroom teachers with proven competencies in the selected teaching model.
 3. Present objectives to community groups for feedback.
 4. Revise objectives based on community feedback.

After needs have been specified through the needs assessment process

At the training site

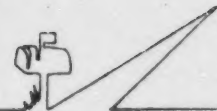
1. Develop criterion-referenced test observation form and/or a standardized test.
2. Administer the pre-test, which must be relevant to the target population.

After identification of the participants

At the training site

1. Perform a task analysis of objectives.
2. List skills to be taught (group-related skills, skills in behavior management, etc.).
3. Develop a time line.
4. Develop entry level skill requirements.

After pre-testing

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

5. Implement and monitor the training program.

The trainers

6. Evaluate the training program, revise, and provide program follow-up based on evaluation

Outside consultants, trainers, trainees, community groups, administrators (school, training agency and local educational associations)

TRAINING: REGULAR CLASS

- 1.3.4. MODIFY UNIVERSITY AND COLLEGE TEACHER PREPARATION PROGRAMS TO INCLUDE SPECIAL EDUCATION TRAINING FOR CLASSROOM TEACHERS.

1. Inform the state board of education of the educational needs of handicapped children in regular classrooms for the purpose of bringing about changes in teacher training programs.

Parent advocacy groups, concerned citizens, educational agencies

2. Specify changes needed in current university/college programs necessary to prepare teachers to meet the needs of handicapped children in regular classrooms.

A task force directed by the state board of education

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WHERE

HOW

WHEN

On the training site

1. Enroll the trainees.
2. Establish the meeting schedule and place.
3. Administer the program based on local educational association input, cooperation, and commitment.
4. Monitor time lines, guidelines, and agreements.
5. Test and/or observe the trainees relative to each skill taught.

By a previously agreed upon schedule

On the site of the training program

1. Trainer administers the post-test to the trainees.
2. Trainer develops program evaluation plan.
3. Outside consultant evaluates program, trainer, and monitoring system.
4. Outside consultant contacts school, trainees, training agency, local educational association, and community groups for their input regarding: usefulness of program; modifications needed; feelings toward the program.
5. Trainer and/or consultant establishes follow-up procedures and schedules.

Upon completion of the training program

At state board of education offices

1. Correspondence
2. Contact state department of special education.
3. Contact model local educational associations.
4. Contact media.
5. Disseminate results of relevant data including needs assessments, demographic data, etc.

When the need is demonstrated

In university or college general education teacher training programs

1. Evaluate needs assessments.
2. Evaluate certification requirements, teacher training personnel, course offerings.
3. Identify existing training programs available to rural, remote educators.

At the discretion of the state board of education

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TACTICAL ARENAS**TACTICAL STEPS****WHO**

	3. Recommend changes needed in current university or college programs necessary to prepare teachers to meet the needs of handicapped children in regular classrooms.	A task force directed by state board of education
TRAINING: SPECIAL CLASS 1.3.5. PROVIDE INSERVICE TRAINING (WITH FOLLOW-UP AND EVALUATION) TO MOTIVATE AND PREPARE EDUCATORS TO INDIVIDUALIZE INSTRUCTION FOR ALL CHILDREN AND TO DEVELOP COMPETENCIES IN SPECIAL EDUCATION.	1. Establish special education needs of the community as a basis for designing appropriate inservice training.	The director or supervisor of special education programs
	2. Identify needed competencies to meet the stated needs.	The director or supervisor of special education and an appointed advisory committee in cooperation with available university training programs
	3. Determine material and human resources needed and available to meet stated needs.	The director or supervisor of special education and an appointed advisory committee in cooperation with available university training programs
	4. Develop, evaluate and adopt alternative approaches for inservice training to achieve the stated competencies.	The inservice coordinator or the administrative staff
TRAINING: SPECIAL CLASS 1.3.6. PROVIDE APPROPRIATE PRE-SERVICE TRAINING FOR SPECIAL EDUCATION CLASS-ROOM TEACHERS IN REMOTE AND RURAL AREAS RELATED TO THE LEARNING NEEDS OF THE HANDICAPPED CHILDREN AND COMPETENCIES FOR MEETING THESE NEEDS.	1. Rural and remote areas should be used by university trainers and students as subjects for practicums, internships, and field assignments.	University department staffs, students, and local personnel
	2. Orient instructional staff to local constituency needs by involving them in needs assessment, data gathering and state and local planning efforts.	Local consultants, unit heads, special education directors, university personnel, state department personnel

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WHERE**HOW****WHEN**

In university or college general education teacher training programs

The task force will make written recommendations to state board of education.

Upon completion of the task force study

In the local service area or local education agencies

1. Study special education records for indications of training gaps and needs.
2. Conduct teacher self-assessments and supervisory assessment of teachers.
3. Conduct a community survey of inservice training needs.

Ongoing data based predictions of inservice needs stated yearly

In the local service areas, or local education agencies

Use teacher observations to build a comprehensive teacher competency model.

Ongoing data based predictions of inservice needs stated yearly

In the local service areas and local education agencies

Conduct a community survey as to available persons; alert staff to locate resources; and inventory presently available materials and resources.

Annually, with updates as needed

In the local service areas or local education agencies

Exchange and disseminate inservice projects statewide, establish evaluation processes, seek university aid, and apply for and allocate funds.

Yearly

In university departments and local districts

1. Mandate field experiences necessary.
2. Negotiate with universities to provide paid internships and training programs.
3. Universities will prepare personnel for given districts by recruiting and field training within that district.

Quarterly

On university campuses or in state special education departments

Use local units and university personnel to gather data; use the university to assist community leaders with design, and use university, local education and state department task forces to treat data.

Yearly

TACTICAL ARENAS**TACTICAL STEPS****WHO**

3. Develop, implement, and evaluate programs on the basis of stated constituency needs in cross-categorical identification, educational assessment, prescriptive programming, and evaluative methodology.

University staffs with input from local staffs

4. Initiate programs for the development of unique skills needed by persons to be employed in rural, remote areas.

University staffs with cooperation of field personnel

TRAINING: HOMEBOUND

- 1.3.7. PROVIDE INSERVICE TRAINING (WITH PRE AND POST EVALUATION AND FOLLOW-UP MONITOR) TO MOTIVATE AND PREPARE HOMEBOUND PERSONNEL TO INDIVIDUALIZE INSTRUCTION FOR ALL CHILDREN REGARDLESS OF LEARNING DIFFERENCES OR HANDICAPPING CONDITIONS.

1. Conduct a needs assessment to determine training needs of homebound teachers.

Regional Resource Center personnel coordinated by the state office of special education

2. Establish a master teacher in the Regional Resource Center to coordinate and supervise homebound teachers.

State department of special education

3. Conduct inservice programs to homebound teachers with follow-up, monitoring, and evaluation components.

The master teacher

TRAINING: HOMEBOUND

- 1.3.8. PROVIDE APPROPRIATE PRE-SERVICE AND INSERVICE TRAINING FOR REGULAR AND SPECIAL EDUCATION CLASSROOM TEACHERS IN RURAL, REMOTE AREAS RECEIVING PUPILS FROM HOMEBOUND PROGRAMS RELATED TO THE LEARNING NEEDS OF HANDICAPPED CHILDREN.

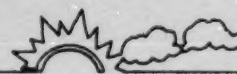
1. Make a pre-service presentation of a homebound intervention model to local special education and regular classroom teachers.

The master teacher with local homebound teachers

2. Establish an ongoing liaison between homebound teachers and school personnel.

The local homebound teacher and school personnel

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**WHERE****HOW****WHEN**

In the local districts and in university departments, with the cooperation of local districts

Use special education departments to relate to state and local advisory group (refer to 1.3.5 #2).

To be ongoing with a report on the design at one-year intervals

On university campuses with emphasis on field-based training.

1. Survey of present programs
2. Test by demonstration
3. Supervision by area-oriented personnel
4. Ongoing evaluation (5 year)

Ongoing

Statewide

Using a questionnaire with sample interviews and observations of homebound teachers

On an ongoing basis after initiation

In the Regional Resource Center

By allocating position funds

At the onset of the program

At the Regional Resource Center

By use of consultants, state educational agencies, Area Learning Resource Centers, state departments and federal projects to meet the needs obtained in needs assessment

Ongoing as determined by the program

In the local school

Using demonstrations and presentations

At the beginning of the school year

In the local school

Staffing with homebound teacher, with ancillary service personnel, and with classroom teacher

Regularly as needed

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

3. Inservice train on the implementation of a prescriptive transitional program for each once-homebound child coming into school.

The homebound teacher, pupil services, special services personnel and classroom teacher

TRAINING: HOMEBOUND

- 1.3.9. PROVIDE ADEQUATE SPECIAL EDUCATION INSTITUTIONS TO DEVELOP COMPETENT PRIMARY AND SECONDARY HOMEBOUND EDUCATORS TO MEET THE IMMEDIATE- AND LONG-RANGE NEEDS OF THE DEVELOPING SPECIAL EDUCATION PROGRAM FOR RURAL AND REMOTE AREAS.

1. Conduct a needs assessment to identify homebound population, both served and unserved, with respect to geographical location, number, type, condition, age, and to identify the needs of that population.

The office of the state superintendent of public instruction

2. Present rationale documented by the needs obtained from the needs assessment to training institutions (colleges, universities, etc.).

State superintendent of public instruction and state coordinator of special education.

3. Identify skills and competencies for homebound personnel to meet the needs of the population as determined by the needs assessment.

State special education department personnel in cooperation with universities

4. Develop a competency based curriculum for homebound personnel.

Special education department at the instructional institutions

5. Provide incentives for rural remote educators to receive homebound training.

Local, state, and federal sources

TRAINING: HOMEBOUND

- 1.3.10. CONDUCT PROGRAMS FOR PARENTS IN RURAL, REMOTE AREAS TO DEVELOP COMPETENCIES IN DEALING WITH THEIR HOMEBOUND CHILDREN.

1. Develop a parent advisory council.

Parents of handicapped children with a liaison to the school district

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WHERE**HOW****WHEN**

In the local school

Informal staffing with periodic follow-up

As needed

Statewide or by territory

By utilizing:

1. Incidence probability figures
2. Teachers and school personnel
3. Social welfare, public health, and medical personnel
4. Colorado House Bill 1060 with adaptations (for example)

Now, and ongoing at the monitoring level

All concerned agencies within the state (special concern to training institutions)

Plan and hold a statewide conference with key special education personnel.

Upon completion of the needs assessment

Statewide

Sources of input:
needs assessment
on-site service personnel
existing models (Portage Project, Marshall Town)

In conjunction with a rational prediction

In the state instruction institutions

Organize a task force with representation from higher education, special educators, general educators, practitioners, and parent advisory staff.

Within the developed timeline with an initial time block and ongoing development and evaluation

In education institutions

1. Using monies from local, state, and federal sources
2. Using the state planning committee to identify plausible incentives, e.g., salary increases, release time, state stipend, federal fellowships

Upon the development of the curriculum

In each school district

1. School personnel, parents, and volunteers initiate a plan
2. Parents provided with travel monies and a mailing budget

Before program implementation (ongoing)

TACTICAL ARENAS**TACTICAL STEPS****WHO**

2. Develop an ongoing parent intervention model to meet individual needs of parent and child.

State department of special education personnel in cooperation with representatives of the parent advisory council and school district personnel

3. Develop support categorical instruction and resources for parents in remote areas.

State department of special education, regional centers, state institutions, and universities

4. Disseminate information on programs through districts.

Coordinated by state office of special education to local school district personnel

TRAINING: RESIDENTIAL

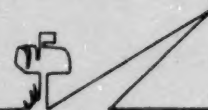
- 1.3.11. PROVIDE APPROPRIATE PRE-SERVICE TRAINING FOR SPECIAL EDUCATION PERSONNEL IN RURAL, REMOTE AREAS RELATED TO THE LEARNING NEEDS OF THE HANDICAPPED AND SKILLS FOR MEETING THEM.

1. Develop competency based job descriptions for all special education personnel (defined as all personnel attending to needs of the handicapped, including custodians, attendants, bus drivers) in residential or institutional settings.

All personnel within the training component who are in institutional settings and community based agencies

2. Provide field-based cooperative training between training institutions, community based agencies, and residential facilities for all personnel.

University professors, institutional training personnel (administration, teachers, etc.), community trainer, and other training personnel

**WHERE****HOW****WHEN**

In state or regional departments of education

1. Review and select appropriate models from national demonstration projects.
2. Present selected models to local districts and local advisory councils.
3. Determine a local adaptation mode for models presented
4. Allocate personnel, materials and monies to implement the model.

Six months from establishment of parent advisory council

In state or regional areas

By establishment of centralized regional resource centers with media, telecommunications, and materials-development capabilities adapted from existing resource center models

In conjunction with the parent intervention model

All districts

News media, radio, television, conventions, flyers, state and local Associations for Retarded Citizens

At the initiation of program and ongoing

In governmental agencies, state and local institutions, and community agencies

Survey research literature, examine specific job objectives, examine available models of competency based job descriptions, examine present job descriptions, examine current manpower utilization.

Prior to program implementation and the hiring of new or replacement of personnel.

In universities, residential facilities, other agencies which provide pre-service training, and community based service systems

1. Consortium planning conferences among universities and resident institutions for implementation of field-based teaching
2. Extension courses
3. Core curriculum off-campus training
4. Special off-campus institutes
5. Exchange program of university trainer and other trainers
6. Various off-campus practicum settings
7. Training component for para-professional personnel

Prior to and ongoing during employment.



TACTICAL ARENAS

TACTICAL STEPS

WHO

3. Develop and provide a communication skills package to articulate the needs of the community, residential programs, and governmental agencies.

Initiating agency

4. Develop a reciprocal feedback mechanism which will be a means of continuous training evaluation.

Administrators, pre-service trainers, and curriculum development personnel

TRAINING: RESIDENTIAL

- 1.3.12. DEVELOP HIGHER EDUCATION INSTITUTIONS WHICH WILL RECRUIT PERSONNEL FROM RURAL AREAS AND THROUGH PRE-SERVICE AND EXTENSION TRAINING, DEVELOP COMPETENT TEACHERS, SUPERVISORS, AND CONSULTANTS TO MEET THE IMMEDIATE AND LONG-RANGE NEEDS OF THE DEVELOPING SPECIAL EDUCATION PROGRAMS.

1. Develop and conduct a needs assessment instrument or process design which will address those specific training needs which have relevance in an institutional or residential setting and community based agencies.

Task force, including representation from:
administrative units
support staff
psychological services
medical services
social services
cottage house and staff
correctional institutions
speech and auditory services
educational facilities

2. Develop a state higher education program plan with short- and long-term objectives to provide pre-service and inservice training in conjunction with the state's special education procedures and guidelines.

A consortium composed of deans, professors, personnel from state and local agencies responsible for special education programming, personnel from institutions and community based personnel



WHERE

HOW

WHEN

In residential programs, community based agencies, and training institutions

1. Publications
2. Bulletins
3. Research surveys
4. Public meetings
5. Evaluation reports
6. Communicator skill packages
7. Workshops
8. Radio and television

From program implementation stage onward

Personnel who have been involved in pre-service training, and other trainers

Examine available commercial feedback systems, disseminate evaluation back to administrators and trainers

Develop as a component of the training package and include as soon as completed.

At governmental agencies within the state, institutions, private agencies, and community agencies

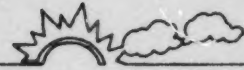
Suggestions:
checklists
surveys
position papers
interviews
review of research literature
observations

Prior to developing the training package. Evaluation of ongoing training programs should be continuous.

In each higher education component of the university system

1. Conduct a needs assessment of existing training programs within each training institution.
2. Conduct a needs assessment of in-field personnel.
3. Revise course offerings in accordance with needs assessment.
4. Recruit qualified personnel to provide appropriate instruction in conjunction with the needs assessment.
5. Prioritize administrative and budgetary elements within regular and special education training components.
6. Provide a delivery system to include on-campus course work.

On completion of the needs assessment from Tactical Step 1.

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

3. Provide training to meet the needs of deinstitutionalization programs (group homes, foster care, sheltered workshops, day care centers, etc.).

State and local administrators
State and local instructional staff

4. Develop and provide a feedback model to articulate the needs of the community, residential programs, and governmental agencies.

Administrators and staff of various agencies

TRAINING: RESIDENTIAL

13. MOTIVATE, PREPARE AND DEVELOP COMPETENCIES OF PERSONNEL/STAFF IN ORDER TO INDIVIDUALIZE INSTRUCTION FOR ALL INDIVIDUALS REGARDLESS OF LEARNING DIFFERENCES OR HANDICAPPING CONDITIONS.

1. Develop and conduct a needs assessment instrument or process design which will address those specific training needs which have relevance in an institution or residential setting and in community based agencies.

Establish a task force to include representation from:
administrative units
psychological services
medical services
social services
cottage house and staff
correctional institutions
speech and auditory services
educational services

**WHERE****HOW****WHEN**

7. Maintain a task force previously established as a means of providing ongoing communication between the field and training institutions.
8. Evaluate course work credit allocation processes to avoid limiting course offerings
9. Identify potential candidates for employment through student performance in undergraduate and graduate work, internships and practicum

On the local level and in training areas, at universities, at on-the-job training sites, in county residential programs and extension services

1. Workshops and assistantships
2. Exchange programs
3. On-the-job training
4. Higher education course work
5. Teaching internships that establish specific competencies based on objectives for each program component
6. Extension course work
7. Practicum and internships
8. Field trips

Concentrated on the initial program with continuous follow-up

Community agencies, residential agencies, governmental agencies

1. Periodic reports provided by inter-departmental agencies
2. Advisory committees made up of representatives from various agencies to provide ongoing feedback

On a continual basis

At governmental agencies within the state, institutions, community agencies, private agencies, and parent interest groups

Suggestions:
checklists
surveys
position papers
interviews
review of research literature
observations

Prior to the development of any training programs

TACTICAL ARENAS**TACTICAL STEPS****WHO**

2. Determine the spectrum of types of personnel needed to provide direct and indirect services to the handicapped, and identify training/consulting resources which can provide individualized instruction for these personnel.

Administrators of each program component or their designees

3. Develop a competency based training program in residential programs and in community based agencies for their staffs, e.g., university teachers, social workers, physical therapists, etc.

Administrative staff, local educators, social services, medical services, psychological services, public health, and training personnel

4. Identify and provide an appropriate transitional process for student movement between residential and community agencies.

A task force to be made up of personnel from institutions, community and the local education agency, will identify the needed transitional process, i.e., institutionalization, half-way homes, and group homes.

WHERE**HOW****WHEN**

At the local level:
residential programs
institutional programs
parents
community agencies
higher education
private consultants

Using needs assessment information and continuing evaluation

Upon completion of the needs assessment

Within the residential programs and community based agencies in conjunction with training institutions

1. Establish specific competency based objectives to be developed for each training staff component.
2. Specific objectives should be carried out by each of the following education components:
exchange programs
field trips between agencies
demonstrations and video tapes
higher educational course work
on-the-job training
practicums and internships
extension course work.

During the pre-service training (prior to program implementation) and during the ongoing inservice training

In the institution, the community, and in local education agencies

Through a group process of multi-agency involvement, including facilities and personnel needed to implement the transitional process

At the conclusion of the competency based training program

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PROGRAM TASK FORCE: Parent and Community



Resource Person:
Jean Moore,
Publications Specialist,
Rocky Mountain
Regional Resource Center

Facilitators:
Judy Ann Buffmire
Winston Egan
Mary Patten
Joan Sebastian
David Shearer

Recorders:
Gail Murdock
Jeri Mizuno

"I wish we had had one parent for each professional in our group. We did not have a lot of parents, but everyone in the group worked hard at addressing how can we, as educators, social workers, administrators, how can we get the parents involved and how can we get the community involved. Special educators have known all along that their strongest advocates are parents. When you go home and the document arrives, those of you in others groups, I hope that you will take the document and see what these fine contributors did about outlining steps that you can take in your own job to encourage parent participation."

— Jean Moore

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the original document was blank.

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TACTICAL ARENAS

TACTICAL STEPS

WHO

PARENT AND COMMUNITY: REGULAR CLASS

- 1.4.1. CREATE A PROCESS TO IDENTIFY COMPONENTS OF A COMPREHENSIVE EDUCATIONAL DELIVERY SYSTEM FOR SERVICES TO EXCEPTIONAL CHILDREN AND THEIR PARENTS IN REMOTE, RURAL AREAS.

1. Identify and secure responsible persons for task force membership.

School administrator

2. Convene the task force, explain to them their purpose and responsibilities, and establish calendar of checkpoints.

Initiating administrator

3. Provide task force with a schedule for checkpoints for submission of progress reports and a final report.

Initiating administrator

4. Have task force report findings.

Task force members

5. Contact and inform others of the task force findings, including leaders of community organizations, and change agents in the school system.

Initiating administrator

PARENT AND COMMUNITY: REGULAR CLASS

- 1.4.2. ORGANIZE COMMUNITY GROUPS TO SUPPORT ENACTMENT, FUNDING, AND IMPLEMENTATION OF LEGISLATION TO PROVIDE APPROPRIATE SPECIAL EDUCATION PROGRAMS AND SERVICES TO ALL HANDICAPPED CHILDREN.

1. Identify appropriate responsible persons for task force membership.

Administrators or directors of community agencies or school staff members, or parents, or composite of above groups

2. Identify in objective terms the task force's purposes and responsibilities.

Initiator and task force members

3. Establish timelines for completion of the task force's responsibilities.

Task force initiator with consensus of task force members

4. Have the task force report the findings to be used in advocating for improved special education services.

Task force members

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WHERE**HOW****WHEN**

Within community service agencies, the school system, or the community

By personal contact, by seeking appointees, or by seeking community volunteers

Prior to program initiation, during the planning phase

At a central meeting place in a neutral environment

The administrator convenes the task force, presents specifics of the task force mandate, and secures funding for task force activities.

During the planning phase

From the initiator's office

Administrator mails the schedule which was developed in conjunction with task force members to meet the final deadline.

As soon as the schedule is written and typed

At a central meeting place

By a multi-media presentation, to include the written report; may include audio-slide presentation, formal individual reports, etc.

Upon completion of task force data gathering

From the initiator's office

The administrator mails written reports to appropriate staff.

As soon as findings are completed and prepared for dissemination

In community agencies, local schools, and neighborhoods

By personal contacts, by flyers, by seeking appointees from community, or by seeking volunteers

Six months to one year before the legislative session begins

As designated by the initiator

Conduct a survey with regard to present legislation, present funding, present programming, and local legislation and funding needs.

During the first three months

At a central location in a neutral environment

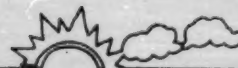
By legislative calendar

As soon as the task force is formed

At a central location in a neutral environment

By progress reports, by presentations, and by a final report

As specified by calendared activities

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

5. The task force will identify the key community organizations and agencies.

Task force members

6. Disseminate the report to persons responsible for implementing changes.

Initiator and task force members

7. The task force members will meet with key organizations and make presentations for securing support.

Appropriate task force member(s)

8. The task force will seek some concrete form of commitment from each organization.

Task force member(s)

9. Implement follow-up with key organizations on commitment and supply appropriate commendation or encouragement.

The appropriate task force members

**PARENT AND COMMUNITY:
REGULAR CLASS**

- 4.3. A TASK FORCE SHALL BE FORMED TO INCREASE PARENTS' UNDERSTANDING OF WHAT CONSTITUTES AN EFFECTIVE SPECIAL EDUCATION PROGRAM AND TO PROMOTE PARENTAL INVOLVEMENT IN THE DECISION-MAKING PROCESS AT ALL LEVELS OF SPECIAL EDUCATION.

1. Identify the members of the task force.

Advocate in educational system or parent(s) of handicapped children

2. Convene the task force, explain what needs to be accomplished, and reach consensus on goals and completion dates.

Initiator(s)

3. Provide the task force with the schedule of progress reports and the final report with recommendations for implementation.

Initiator(s) or task force leader

**WHERE****HOW****WHEN**

In the neighborhood, community, and district

By personal contact, through volunteers, or appointees

During the first month after findings are completed

In community agencies, local schools, and neighborhoods

Through the mass media, and by multi-media presentations to community organizations, and agencies

Three to six months before the legislative session begins

1. At organization meeting sites during regular meetings
2. Meet with boards of directors, executive boards, etc., by appointment

1. By personal contact
2. By a multi-media presentation

As soon as possible after findings are completed and key organizations identified

At the organization meeting sites at regular meetings, and at special meetings

By personal contact and by presenting relevant information and requesting assistance

As dictated by the legislative calendar

At meetings and through the mail

Convey appreciation by letter, by the personal appearance of task force member(s) at meetings, by the phone, or by public announcement; encourage greater efforts, if needed, at meetings.

For appreciation, promptly after assistance; when appropriate and necessary for encouragement

At universities, in model programs, in the local school system, in parent groups, or through the Bureau of Education for the Handicapped

Through recommendation from local, state, or national sources

Whenever possible

Community meeting site

1. Present program outline of appropriate programs.
2. Identify funding sources and plan of action.

Whenever possible

Community meeting site

Disseminate the schedule which will include reporting deadlines

As soon as available

TACTICAL ARENAS**TACTICAL STEPS****WHO**

	4. Contact and inform program personnel of the task force and its mandate.	Task force leader
	5. Arrange with radio and television stations and with local newspapers for disseminating the findings.	Task force leader
	6. Arrange visits to model programs for parents and agency representatives.	Task force leader or committee
PARENT AND COMMUNITY: REGULAR CLASS 1.4.4. CREATE A TASK FORCE TO MAKE ALL COMMUNITY MEMBERS AWARE OF THE SPECIFIC NEEDS OF EXCEPTIONAL CHILDREN.	1. The task force leader will identify appropriate persons to create public awareness and to implement informational plan.	Task force leader, from agency personnel, school personnel, parent group, or professional association
	2. The task force will identify the goals related to dissemination of information.	Task force leader, agency personnel, school personnel, parents, professional association members
	3. The task force will establish methods for distribution.	Task force members
	4. The task force will disseminate the information.	Task force members
PARENT AND COMMUNITY: REGULAR CLASS 1.4.5. SELECT A TASK FORCE COMPOSED OF PARENTS AND PROFESSIONALS TO DETERMINE THE CURRENT LEGAL RIGHTS OF HANDICAPPED INDIVIDUALS.	1. Identify appropriate, responsible persons.	School or agency administrator or a parent group leader
	2. Identify competent and knowledgeable people from the legal profession.	Task force members
	3. Identify in objective terms the task force charge.	The representatives specified in Tactical Step 2

WHERE**HOW****WHEN**

In schools, community agencies
and parent groups

By personal contact or letter

As soon as a schedule can be
formulated

In the community, the district, the
state, and nationally

1. Meet with station managers and
schedule news releases, inter-
views, or panel presentations
2. Contact newspapers and submit
reports or request coverage.

After findings are completed

At the model program locations

Schedule visits, arrange trans-
portation, publicize the schedule
for maximum participation.

Whenever possible and
convenient

Within the community or district

Task force leader, from agency
personnel, school personnel,
parent group, or professional
association

During planning phase, prior to
program initiation

At a central meeting location

Conduct a needs survey, evaluate
the needs, and compare a
number of service delivery
systems.

During the planning phase

At a central meeting location

By contacting mass media per-
sonnel, school personnel, PTA
leaders, and service clubs

After completion of data collec-
tion and needs survey

Locally, within the state, region-
ally, and nationally

Through the mass media, school
publications, and PTA and service
club presentations

Whenever feasible

In community agencies, local
schools, parent (consumer)
groups, and in professional
groups

By personal contact, by volun-
teers, or by appointment from
agencies

During planning phase and prior
to the program initiation

Within a legal aid society,
university, or law school; from
national organization repre-
sentatives, advocates or private
attorneys

By contacting national or state
organizations, or other profes-
sionals

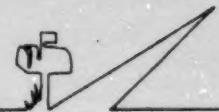
During the planning phase, prior
to program initiation

At a central meeting location in
a neutral environment

Conduct a needs survey, evaluate
the needs, and compare a
number of service delivery
systems.

During planning phase

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**TACTICAL ARENAS****TACTICAL STEPS****WHO**

4. Determine the legal rights of the handicapped individual.

Task force members

5. Establish timelines for task completion.

Task force members with consensus

6. Submit the report to change agents.

Task force members with consensus

7. Have the task force report their findings.

The appropriate task force member(s)

8. Disseminate the findings.

Task force leader or through cooperative effort of the task force members

**PARENT AND COMMUNITY:
REGULAR CLASS**

**1.4.6. PROVIDE TRAINING FOR
PARENTS REGARDING THE
LEGAL RIGHTS OF HANDI-
CAPPED CHILDREN.**

1. Identify appropriate persons for training parents with regard to the legal rights of handicapped individuals.

The task force leader from 1.4.5, an advocate within the educational system, or an advocate from parent or professional organizations

2. The task force will establish goals and objectives.

The task force initiator in conjunction with task force members

3. Establish timelines for task completion.

Task force members with consensus

4. Implement training program for parents on the legal rights of handicapped individuals.

Appropriate task force members and legal consultants

**WHERE****HOW****WHEN**

Within state or territories or trust

By conferring with legal advisor(s)

As soon as legal advisors are involved and available

At a central meeting location in a neutral environment

The administrator or task force leader will explain the function of the task force, with specific, realistic dates for completion of progress reports or final report, perhaps negotiating dates.

After the needs survey has been conducted

In charge agent's office, or through the mail

By written report which clearly states the current legal rights of the handicapped

As soon as the information is compiled

At central meeting locations in neutral environments

Through prepared talks, panels or discussion groups, with hand-outs of salient points

As soon as the information is compiled and meetings scheduled

1. To parent/professional organizations
2. To educators
3. To community agency

By multi-media dissemination (written report, TV), by presentations to parent groups, with special emphasis on contacting parents of handicapped children who do not belong to formal parent organizations

Upon completion of the task force mission

From law firms, law school, advocacy agencies, or legal aid societies

By personal contact, by referral, or by consultants

During the planning phase

At a central meeting location

Assess parent information needs with regard to legal rights and secure funds.

During the planning phase

At a central meeting location

The task force initiator, in conjunction with task force members, will develop a calendar of events.

During the first month

At a location most convenient for parents

Schedule training sessions, secure facilities and materials for training.

As soon as training program is ready

**TACTICAL ARENAS****TACTICAL STEPS****WHO****PARENT AND COMMUNITY:
SPECIAL CLASS****1.4.7. DEVELOP A PROCESS TO
CREATE A MODEL FOR DELIV-
ERY OF COMPREHENSIVE
EDUCATIONAL SERVICES TO
EXCEPTIONAL CHILDREN AND
THEIR PARENTS IN REMOTE
RURAL COMMUNITIES.**

1. Identify a responsible person to initiate the process; accumulate data on needs; provide background information; convene a task force.

Special education directors, superintendents, or appropriate program officials

2. Identify problem areas in establishing special class services.

Coordinator in consultation with the governing body (i.e., school board), and program officials

3. Identify the task force members.

Coordinator

4. Convene the task force to meet the problems outlined.

Total task force to meet the problems outlined

**PARENT AND COMMUNITY:
SPECIAL CLASS****1.4.8. PROVIDE AN ADVOCATE
COMMITTEE TO INFORM
APPROPRIATE DECISION-
MAKERS OF THE LEGAL
RIGHTS AND OF THE UNIQUE
NEEDS OF EXCEPTIONAL
CHILDREN.**

1. Identify a coordinator to provide leadership for the formation and ongoing activities of the advocacy committee.

School official who initiates contact with community groups for the purpose of organizing a selection committee

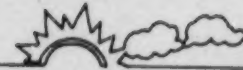
2. Select advocate group members.

Coordinator

3. Set the objectives and purpose of the advocacy committee.

Advocacy committee members

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**WHERE****HOW****WHEN**

In an educational agency

By appointment or by special request

A year prior to expected funding

In the educational agency

Compile data on:

1. Children identified
2. Available facilities
3. Transportation
4. Parent awareness
5. Community resources

Within three months after the appointment of the coordinator

Where appropriate to the community

1. By analyzing the data and involving relevant persons
2. By requests
3. By advertising and searching the community-at-large for volunteers
4. By community meetings
5. Assign more members than needed to guarantee an active group to follow through.

As quickly as possible; as soon as the charge is identified

Where appropriate to the community

By setting a meeting time convenient to members with enough time to reach consensus on the exact aspect of the charge

Within time for funding application deadline

In the local community

As designated by the selection committee; their purpose is to identify a person to lead the advocacy committee.

As soon as selection committee surveys the community for coordinator (usually within three months)

In the local community

By advertising the need for advocate group members

As soon as the coordinator is identified

At the central advocacy committee meeting

Review the objectives and purposes of such organizations as the National Association for Retarded Citizens and adapt them to the community needs.

After selection of the advocacy committee members

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

4. Achieve the objectives and purposes of the advocate committee.

Advocacy committee group

**PARENT AND COMMUNITY:
SPECIAL CLASS**

- 1.9. INCREASE PARENTAL UNDERSTANDING OF WHAT AN EFFECTIVE SPECIAL EDUCATION PROGRAM IS AND PROMOTE PARENTAL INVOLVEMENT IN THE DECISION-MAKING PROCESS AT ALL LEVELS OF SPECIAL EDUCATION.

1. Select a director to lead a task force.

District director of special education program or a responsible program official

2. Select the task force members.

Task force director

3. Identify the specific goals of the task force.

Task force members

4. Implement the procedures necessary to reach the goals.

Task force members

**PARENT AND COMMUNITY:
SPECIAL CLASS**

- 4.10. MAKE COMMUNITY MEMBERS AWARE OF THE SPECIFIC NEEDS OF EXCEPTIONAL CHILDREN AND OF APPROPRIATE PROGRAMS TO MEET THOSE NEEDS.

1. Identify the community informational needs.

Teachers, principals, consultants, local organizations, community service agencies

WHERE**HOW****WHEN**

In the state legislature, school board, county commission, social organizations and parent groups

By lobbying, advertising, and through litigation, if necessary

As soon as possible

In the educational community

By appointment

In the first month

From the local community

1. Contact and recruit special education teachers in the district
2. Contact and recruit parents and others recommended by the special class teachers

In the first month

At the task force planning meetings

1. Determine the current level of parental knowledge and involvement in special class programs (survey)
2. Identify the needs based on the survey of parents (i.e., knowledge and involvement)
3. Identify goals to meet the needs of parental involvement in and knowledge of special programs
4. Develop strategies to implement the goals

The second through the sixth months

In the local community

Possibilities:

1. **Understanding:** pamphlets, film strips, group meetings, class visits
2. **Involvement:** newsletter, parent advisory board

At the beginning of the school year and continuing through the school year

In the local community

Hold several meetings to determine the community's knowledge of services available.

Hold a minimum of two meetings each month

TACTICAL ARENAS**TACTICAL STEPS****WHO**

2. Inform the community of special services now available.

Designated spokesman

3. Show the need for special services not available.

A knowledgeable person for each special service need (the school should assume responsibility)

4. Present program models for meeting special service needs.

A knowledgeable person for each special service need (the school should assume responsibility)

5. Maintain awareness of the special services available and of future needs of the community.

Association for Retarded Citizens and other interested community agencies

**PARENT AND COMMUNITY:
SPECIAL CLASS****1.4.11. PROVIDE SUPPORTIVE
SERVICES TO PARENTS OF
HANDICAPPED CHILDREN.**

1. Identify a qualified person to provide counseling services.

Special education director or superintendent

2. Preevaluate parents and formulate behavioral objectives.

Selected, qualified professional(s)

3. Implement behavioral objectives or counseling goals.

Selected counselor

4. Provide follow-up evaluation with parents.

1. Teacher
2. Parent
3. Counselor
4. Administrator
5. Other involved people

**PARENT AND COMMUNITY:
SPECIAL CLASS****1.4.12. PROVIDE HOME TEACHING
SKILLS TO PARENTS OF HANDI-
CAPPED CHILDREN.**

1. Identify an appropriate person to provide parents with home teaching skills.

Special education administrator or appropriate school officials

**WHERE****HOW****WHEN**

In the local community

Through a multi-media approach:
telephone calls
radio spots
special speakers
brochure
newspaper articles

After the information needs of the community are identified

In the community, in schools, in recreation and living situations; in transportation, and health services

Through a multi-media approach:
telephone calls
radio spots
special speakers
brochures

After the community knows what is available in special services

In the local community when possible, or on-site visits to other communities to examine special services

By university consultants, literature, films, by arranging for on-site visits

After the community indicates a desire for special services to meet the needs of handicapped individuals

In the local community

Utilize the National Association for Retarded Citizens to form a local unit; continue the multi-media approach; use existing community news bulletins, the YMCA, church announcements, etc.

Monthly or more often as needed

In a district or cooperative office

By locating appropriate resources (mental health organizations, agencies, colleges, etc.)

When funding is available or when service is available at no charge

In the home, school, state or private agency office

By behavior check list, attitude check list, teacher observation

Prior to rendering direct services

In the home, school, or community

The counselor will work with an individual parent, both parents, the total family or multi-family groups.

At least once a week initially, then as needed thereafter

In the home or school

By direct observation, by school performance, by attitude or behavior check lists

Every three to six months

From the special education administrative office

By locating appropriate resources (teacher, mental health or agency personnel, through colleges, etc.)

When funding is available or when service is possible through other agencies

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

2. Preevaluate parent's teaching skills and set objectives.

Teacher-diagnostician

3. Implement the behavioral objectives.

Special teacher, aide or clinician

4. Post-evaluate and monitor the parent's effectiveness.

Special teacher, clinician, or aide

**PARENT AND COMMUNITY:
SPECIAL CLASS**

1.4.13. PROVIDE TRAINING FOR PARENTS REGARDING REALISTIC EXPECTATIONS OF HANDICAPPED CHILDREN, LEGAL RIGHTS OF HANDICAPPED CHILDREN AND EFFECTIVE EDUCATIONAL PROGRAMS.

1. A leader will identify appropriate persons to lead parent education programs.

Agency representative, school staff member, parent or professional organization representative

2. The task force will establish goals and objectives.

Task force initiator

3. Establish timelines for task force responsibilities.

Task force members through consensus

4. Implement the parent training programs developed by the task force.

Appropriate task force members

**PARENT AND COMMUNITY:
SPECIAL CLASS**

1.4.14. ORGANIZE PARENT GROUPS TO REPRESENT THE NEEDS OF HANDICAPPED CHILDREN IN THE LOCAL DECISION-MAKING PROCESS.

1. Identify key resource people.

Leader(s) from the community or advocacy organizations

2. Identify the task force goals and objectives.

Initiator in conjunction with the task force members

3. Establish timelines for achievement of goals and objectives.

Task force members through consensus

WHERE**HOW****WHEN**

In the home, clinic, or school setting

By direct observation of teaching or by questionnaire

After the child has been evaluated and the curriculum written

In the home

1. By demonstration or teaching
2. By audio-visual aids
3. By programmed materials

After the preevaluation is completed

In the home or school

By direct observation, check lists, questionnaires, and by progress of the child

Three to six months after training

In community agencies, from school personnel, or parent and professional organizations

By personal contact, volunteers, or by appointment from an agency

Prior to program initiation

At a central meeting location

By conducting needs survey, evaluating needs, comparing a number of service delivery systems, and securing funds for the development of programs

During the planning phase

At a central meeting location

Task force initiator, in conjunction with task force members, will develop a calendar of activities.

During the first month

At most convenient locations for parents

By scheduling training sessions, securing facilities and materials for training

After the planning stages

In neighborhoods, the community, or in advocacy organizations (state and national)

By personal contact, by referral, by appointment, or by volunteers.

When feasible

At a central meeting location

By conducting a needs survey, evaluating the needs and securing funds

When feasible

At a central meeting location

Task force initiator, in conjunction with task force members, will develop a calendar of activities.

At the first task force meeting

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

**PARENT AND COMMUNITY:
HOMEBOUND**

1.4.15. IDENTIFY THE COMPONENTS
OF A SUCCESSFUL MODEL TO
DELIVER COMPREHENSIVE
EDUCATIONAL SERVICES TO
EXCEPTIONAL CHILDREN AND
THEIR PARENTS IN REMOTE
RURAL AREAS.

4. Implement the procedures
delineated by the task force.

Task force and advocacy group
members

1. Identify the homebound popu-
lation in the community to be
served.

Knowledgeable and interested
person

2. Determine the special education
needs of those children identified
as homebound.

Parent, educator, health nurse
or physician

3. Determine the awareness levels
of parents and of the community
in relation to the problems and
special education needs of
homebound children.

Knowledgeable and interested
persons with assistance from:
public health nurses, social
workers, educators, and church
leaders

4. Determine the facilities and
services available within the
community.

Knowledgeable and interested
person

5. Based on homebound children's
needs and available services,
prepare a report on unmet needs
of the homebound.

Knowledgeable and interested
advocate

6. Disseminate the report on the
proposed delivery model for
homebound children to decision-
makers and to parents.

Advocate

**PARENT AND COMMUNITY:
HOMEBOUND**

1.4.16. ORGANIZE COMMUNITY
GROUPS TO SUPPORT AND
IMPLEMENT LEGISLATION TO
PROVIDE APPROPRIATE
SPECIAL EDUCATION PRO-
GRAMS AND SERVICES TO ALL
HANDICAPPED CHILDREN.

1. Assess the community's
perception of priority needs in
relation to the homebound
population.

Leader from the local parent
group

2. Determine the avenues through
which the community members
can make their support known.

Leader and members of the
parent group

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**WHERE****HOW****WHEN**

In the local school system, and in local service agencies

As specified by the task force plan

Following the planning stages

In the local community

1. Through interviews with: parents in the home, church leaders, school personnel, public health nurses, physicians, welfare agency employees
2. By contacts with: state agencies, public health agencies, community organizations

To begin immediately after funding is approved

In the home or at a prearranged site

By a screening test and a checklist

Upon identification of the target population

In the local community served

By evaluating services available in structured interviews with parents and with community members selected at random

To begin immediately after funding is approved

In the local community served

By survey questionnaire, and by interviews with local, state, regional and federal agencies

To begin immediately after funding is approved

In the advocate's office

By comparing unmet needs and available resources (which may be underutilized) with reports of model delivery systems available elsewhere

As soon as the data can be collected

Throughout the community and district, and at the state level

By preparing a concise, factual report that lists needs, resources and the proposed delivery system

As soon as a rational, formal report can be compiled

In the local community served

By a survey questionnaire, personal interviews, discussions with community groups, telephone interviews

As soon as appropriate methods and tools are identified to assess the community's perceptions

In the local community served

By contact with community, regional, state and federal agencies; dialogue with other parent groups; communications with local school boards; contact with local, regional, and state legislators

Once priority needs of community members have been assessed

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**TACTICAL ARENAS****TACTICAL STEPS****WHO**

3. Publicize the community groups' support of appropriate educational services for all handicapped children.

Parent group members and the leader

**PARENT AND COMMUNITY:
HOMEBOUND**

- 4.17. ORGANIZE PARENT GROUPS TO REPRESENT THE NEEDS OF HANDICAPPED CHILDREN IN THE LOCAL DECISION-MAKING PROCESSES.

1. Assess parent groups' perceptions of priority needs in relation to the homebound population.

Knowledgeable and interested person with parent group leader and parent group

2. Select a parent group leader.

Parent group leader and other knowledgeable and interested persons

3. Determine avenues through which the parents can make their needs known.

Parent group leader; knowledgeable and interested person

4. Notify all parents of identified handicapped children of parent group activities and of services available.

Parent group leader

**PARENT AND COMMUNITY:
HOMEBOUND**

- 4.18. PROVIDE TRAINING FOR PARENTS REGARDING REALISTIC EXPECTATIONS OF HANDICAPPED CHILDREN, LEGAL RIGHTS OF HANDICAPPED CHILDREN AND EFFECTIVE EDUCATIONAL PROGRAMS.

1. Identify interested parents to form a parent group.

An advocate from the educational system or parent group, or a church leader, social worker, educator, or other knowledgeable and interested person

2. Implement a series of training session(s) for interested parents based on realistic expectations of handicapped children.

Special educator(s), handicapped adult from the immediate or nearby community, or other appropriately trained persons

3. Conduct training session(s) based on the legal rights of handicapped children.

Legislator or attorney

WHERE**HOW****WHEN**

In the local community served

By informative interviews in the local newspapers, radio interviews, telephone calls, etc.

After the support of a reasonable number of groups has been pledged

In the local communities served

By survey questionnaire, personal interviews, discussions with parent group, and telephone interviews

At the initial meetings of the parent group

In the local community served

Through the democratic process

During the initial meetings of parent group

In the local community served (may include district or larger area)

By contact with community, regional, state and federal agencies, dialogue with school boards, contact with special education administrators

Immediately following the assessment of priority needs of the parent group

In the local community served

By letters, parent meetings, newspapers, educational television, radio, brochures, minutes of meetings or cassette tapes to be sent to all parents not in attendance at parent meetings

Concurrently with parent meetings

In the local community served

By telephone interviews, survey questionnaire, brochures, personal interviews, radio and other media announcements

Once the target population is identified

In local communities served or in individual homes

By brochures, parent meetings, cassette tapes, parents' handbook, on-site visits to existing facilities, educational television (weekly), radio, films, newspapers

To begin once interested parents are identified and materials and resources are prepared

In the local communities served or in individual homes

By presentation of legal information on rights of and due process for handicapped persons; printed information to be distributed to parents in attendance and mailed to those unable to attend

To begin after training session(s) on expectations of handicapped children

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**TACTICAL ARENAS****TACTICAL STEPS****WHO**

4. Implement training session(s) based on effective education programs for the target population.

Special educator or a special education consultant

**PARENT AND COMMUNITY:
HOMEBOUND**

- 1.4.19. HELP PARENTS OF HANDICAPPED CHILDREN INFLUENCE DECISIONS ON SPECIAL EDUCATION PROGRAMS.

1. Identify all available special education homebound programs.

Parent group leader, special education consultant, or special education teacher

2. Present to parents and parent groups the accumulated information on available homebound special education programs.

Parent group leader, special education consultant, or special education teacher (or all three)

3. Facilitate avenues for parent interests and decisions to be expressed.

Parent group leader, special education consultant, or special education teacher

**PARENT AND COMMUNITY:
HOMEBOUND**

- 1.4.20. ESTABLISH TIMELINES AND TECHNICAL APPROACHES TO IMPLEMENT A CAREFULLY CONCEIVED INFORMATIONAL PLAN FOR EDUCATING THE COMMUNITY TO THE NEED FOR APPROPRIATE HOMEBOUND PROGRAMS.

1. Identify all interested community members to serve as a community task force.

Parent group leader, special educator, or other knowledgeable, interested person

2. Implement training session(s) for community task force based on identified special education needs of identified target population.

Initiator or committee

3. Conduct additional training session(s) to report the survey results of the available special education homebound programs.

Initiator or other appropriate persons

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WHERE

HOW

WHEN

In the local communities served
or in individual homes

1. Through group meetings, cassette tapes, newspapers, radio, brochures, parents' handbook, on-site visits to existing programs
2. Tape recordings or minutes to be sent to parents unable to attend

After training session(s) on
legal rights

In the communities where home-
bound programs exist

On-site visits of existing pro-
grams, contact with educational
agencies, discussion with special
education consultant, survey of
local, state, federal and private
agencies

To begin after training session(s)
of expectations of handicapped
children are completed

In the local communities served

At parent meetings, through
brochures, parents' handbook,
newspaper services, radio, etc.

To be presented after the
identification of all available
special education (homebound)
programs and following the
training sessions

In the local communities served

By contact with: special educa-
tion administrators, and local or
state legislators — via letters,
personal contact, telephone calls

Ongoing process beginning at the
termination of the training
sessions

Local community served

By telephone interviews, survey
questionnaires, brochures,
community meetings, personal
interviews, newspaper and radio
announcements, all directed to
church leaders, social workers,
educators, parent group mem-
bers, knowledgeable and
interested people

Upon completion of the parent
training sessions

In the local community served

At community meetings, by
educational television, films,
cassettes (to be used with those
not attending meeting), news-
papers, radio

Once the community task force
is identified

In the local community served

At community meetings, by
educational television, cassettes,
newspapers, radio

Following community task force
training session(s)

TACTICAL ARENAS**TACTICAL STEPS****WHO**

**PARENT AND COMMUNITY:
RESIDENTIAL**

**1.4.21. IDENTIFY THE COMPONENTS
OF A SUCCESSFUL MODEL TO
DELIVER COMPREHENSIVE
EDUCATIONAL SERVICES TO
THE EXCEPTIONAL CHILDREN
IN RESIDENTIAL INSTITUTIONS.**

4. Implement additional training session(s) reporting the results of the parents' interests and priorities, and their most favored programs to meet the needs of the target population.

Initiator or other appropriate persons

1. Research the available literature, and contact state agencies to identify residential centers that serve similar target populations.

Facilitator assigned responsibility who may wish to solicit assistance from a university department for research, and who may involve graduate students for assistance for credit

2. Solicit consultants or graduate assistants to help in outlining a comprehensive summary of the major components of successful models from the state and nation.

Facilitator, university curriculum specialists, program directors, students

3. Survey existing programs to determine the major components of their models. Develop a questionnaire that will obtain description of models and outline their major components by mail (or in person, if possible).

Facilitator, consultant, students

4. Survey parents who have children placed in residential facilities to evaluate their expectations and experiences.

Facilitator and staff

5. Make site visits to identify the unique features of the better models and obtain data documenting the success of programs.

Facilitator with resource personnel skilled in evaluating programs

6. Compile the information and disseminate across the state, with special emphasis on dissemination in rural, remote areas and to decision-makers — educational and legislative.

Facilitator, students, parent groups, other advocates

**WHERE****HOW****WHEN**

In the community served

At community meetings, by educational television, radio, newspapers, cassettes

Following session(s) communicating survey results of available homebound programs

1. Libraries

By travel, letters, invitations to visitors, literature requests

Allow two weeks

2. State departments (e.g., public instruction, mental health)

3. Contact with professional organizations (e.g., American Association on Mental Deficiency, Council for Exceptional Children)

In the office

By collaborative meetings to develop the final model to be used

Allow one month

From the office

By asking for tours, and mailing questionnaires to existing programs

Allow six weeks; develop a follow-up to be mailed four weeks after the survey is sent out

From the office

By questionnaire

Allow six weeks; develop a follow-up to be mailed four weeks after original mailing, if no response.

At the facilities where education and training programs for the target population are operational

By touring facilities, observing program efforts, conferring with educational director, and by obtaining available documents and handouts

As soon as can be arranged, based on the information obtained

From the office

By letter, or brochure outlining exemplary services in easily understood language and format

As soon as the information is accumulated

BEST COPY AVAILABLE

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

7. Compile technical and sophisticated data for limited dissemination. Send to legislators and selected decision-makers. Have available for others by request.

Facilitator

**PARENT AND COMMUNITY:
RESIDENTIAL**

- 1.4.22. ORGANIZE COMMUNITY GROUPS TO SUPPORT APPROPRIATE PROGRAMS AND SERVICES TO HANDICAPPED CHILDREN IN INSTITUTIONS.

1. Educate the community to perceive the handicapped residential child as a fellow human, entitled to the same consideration and services provided other children. Bring in a state resource person and residential educational person to describe the needs and resources.

Special education person identified by principal, district or state director of special education in conjunction with parents and advocates

2. Contact existing advocacy groups to inquire about efforts already made to involve community in this endeavor and support existing efforts. If no group exists, organize parents of children in residential programs to become a local special interest or lobby group.

Committee formed by above coalition

3. Determine the programs available to children in communities and identify unmet needs of residential groups against the services available to other children.

Coalition committee

4. Advocate for needed, identified services.

Committee and advocates

**PARENT AND COMMUNITY:
RESIDENTIAL**

- 1.4.23. INCREASE PARENTS' UNDERSTANDING OF WHAT COM-
PRISES AN EFFECTIVE SPECIAL
EDUCATION PROGRAM.

1. Obtain parent input for program content to be included.

Facilitator and parents

2. Survey programs currently operating in residential settings; survey programs to be presented to parents as exemplary alternatives to residential placement.

Facilitator, program personnel

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WHERE**HOW****WHEN**

From the office

By prepared document containing cost figures, timelines, legal decisions, etc.

As soon as completed

In local communities

Through media, by contacting clubs and organizations, to set speaking engagements

As soon as possible

In local communities

By personal contact

As soon as the above group is formed

Throughout the area, wherever information is available

By letters, personal contact, parent questionnaire on satisfaction with present program

As soon as the group is formed

Locally and throughout the state

By radio, television, and newspaper advertisements, letters to legislators and educational leaders, letters to the editors

As soon as the information is available

In the community to be served

Outline, distribute, and collect a needs assessment from parents

At a predetermined time, or integrated into an ongoing program series

In the community and state

By writing letters to directors of programs for target populations; by making site visits

Allow three months

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TACTICAL ARENAS

TACTICAL STEPS

WHO

3. Provide demonstrations of exemplary programs currently operating in residential settings and provide demonstrations of exemplary programs being utilized nationwide as alternatives to residential placement, i.e., homebound day school.

Resource personnel facilitator

4. Prepare easily understood overview of hierarchy of special education services. Include names of key people to contact for information regarding available special education services in a given locale.

Facilitator/resource personnel

PARENT AND COMMUNITY: RESIDENTIAL

- 1.4.24. ESTABLISH TIMELINES AND TECHNICAL APPROACHES TO IMPLEMENT A CAREFULLY CONCEIVED INFORMATIONAL PLAN FOR EDUCATING THE COMMUNITY TO THE SPECIFIC NEEDS OF EXCEPTIONAL CHILDREN AND THE NEED FOR PROGRAMS TO MEET THOSE NEEDS.

1. Investigate the current program, funding, and training needs of current residents of an institutional facility.

Planning committee, agency staff

2. Research similar programs in other states and evaluate their approaches to obtaining change.

Planning group members

3. Hire a professional consultant for marketing plans if possible.

Agency with money

4. Prepare draft plans for the informational effort based on available media and funds; based on local events for training.

Professional consultant, local staff, volunteers

5. Share plans with constituent group and residential staff for support and for feedback.

Professional leadership, local leadership

6. Develop and prepare materials for television, newspapers, and speeches. Use professional skills when available.

Consultant, art firms, media specialists

**WHERE****HOW****WHEN**

In the local community

By multi-media presentations prepared by resource personnel, and by site visits to model programs

Monthly

Where the information is available

Visit the state education department; research and consult with key personnel, invite state education person to present information in workshop using role playing, etc.

To be presented following the demonstrations of exemplary programs

In the residential facility

Through interviews, research

Three months prior to implementation

in other communities; through newspapers, and by calling organizations

Read newspaper articles, get reports from other groups.

Three months prior to planning

Locally

Call state resource person; contract for services.

By the end of the first three months

Local groups, consultants in specific area (state, city)

Work group will contact the local media.

At the end of the first three months

In local groups

By interviews

By the fourth month

Local and consultant facilities

With camera, art supplies, etc.

By the fifth month

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

7. Design strategies for special groups (PTA, ladies' clubs, businessmen) to appeal to their interests and to include a trip to the nearest facility, plus films, discussion, testimonies, etc.

Local leaders

8. Develop evaluation and feedback plan regarding the effectiveness of the program by survey calls.

Local staff committee members

9. Prepare worksheets of activities including details.

Staff committee

10. Communicate with key local people for their reactions and suggestions for change.

Planning committee

11. After promotion, review the informational effort for "do's" and "don't's" for the next time.

Planning committee

**PARENT AND COMMUNITY:
RESIDENTIAL**

1.4.25. PROVIDE TRAINING FOR PARENTS REGARDING THEIR LEGAL RIGHTS, THE RIGHTS OF HANDICAPPED CHILDREN AND ACCESSING EFFECTIVE EDUCATIONAL PROGRAMS.

1. Contact the state legislature and research litigations regarding the rights of parents and of handicapped children.

Facilitator assigned responsibility for carrying out the objectives, i.e., school personnel from the local or the state level or a member of an agency outside education

2. Contact any parent and child advocacy group in the area for information and a possible plan of action. Explore the possibility of future working relationships to initiate objectives with existing advocacy groups.

Facilitator and members of local groups

3. Contact national advocacy groups for legal information and methods.

Facilitator

4. Develop the training program for parents based on the information obtained from advocacy groups and from the law.

Facilitator and resource person

WHERE**HOW****WHEN**

In the local area

Discuss, plan and implement a trial run, arrange transportation.

In the fourth month

Locally

Office supplies and telephone

By the fifth month

In the central office

By group and individual activities; test for feedback

In the fifth month

In the local target area

By telephone, letters, and meetings; compile the information obtained.

In the fifth to eighth months

In the central office

Full-day session; compile the information for future reference.

By the tenth month after the campaign began

State education department; local or state legislature, libraries

By phone calls and personal contact, by researching the law, rules and regulations, and guidelines

Prior to making parent contact

In the central office, at regular meeting place of other groups

By personal contact, or conference workshop; prepare objectives and plans to share with the agencies contacted; attempt to develop collaborative efforts

Prior to making parent contact

From the central office

By mail: sources may include the National Association for Retarded Citizens, Council for Exceptional Children

Prior to making parent contact

Locally

Develop the program, develop handouts and audio-visual materials with easily understood content

Six weeks after initiation of the program

**TACTICAL ARENAS****TACTICAL STEPS****WHC**

5. Obtain a list of parents of residents from administration of residential facilities to make personal contact with parents so that they might avail themselves of services to be offered.

Facilitator and administration of residential facilities

6. Obtain facilities and schedule training sessions as needed.

Facilitator and group process people if possible

**PARENT AND COMMUNITY:
RESIDENTIAL**

- 4.26. ORGANIZE PARENT GROUPS TO REPRESENT THE NEEDS OF HANDICAPPED CHILDREN TO LOCAL DECISION-MAKERS.

1. Contact the parents of handicapped children and others in the community interested in local programs regarding the needs of handicapped children.

Facilitator

2. When a group has been identified as interested in dealing with the problem, assign a person to head the group and schedule meetings.

Facilitator and person who will head the group

3. Assess the needs as seen by the group; also, present needs as seen by professionals.

Chairman, group, and consultants who know the needs and problems

4. Use the group as a force to present needs to local decision-makers.

Person from the group or the group as a whole

**WHERE****HOW****WHEN**

Locally

Through personal contact with
facility administrator, explaining
goals and soliciting assistanceAs soon as the program is
developedAt a location most convenient to
parentsBy prepared presentation and
handouts of basic information

At scheduled sessions

In the community

By personal contact, telephone
or letter

As soon as possible

In the community

Group leader may be assigned
or chosen by the group; leader
will arrange meeting facilities
and notify group of meeting
schedule

As soon as possible

In the community

By interaction between parents
and consultants

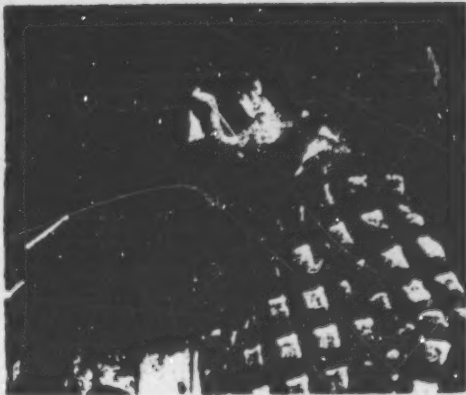
Monthly

In the community

By personal presentations to
local decision-makers (legislators,
school board, principal, etc.)

When local decision-makers meet

ADMINISTRATION TASK FORCE: Communication and Commitment



Resource Person:
Joseph Todd,
Training Specialist,
Coordinating Office for
Regional Resource Centers

Facilitators:
Mike Hardman
Sue Shoemaker

Recorder:
Kathleen Olson

"Looking at the goal statements that we had, we found basically two requirements — to inform and to involve. One level that we were concerned about was the development of understanding and involvement of administrators in the legislative and funding processes, both in the state and federal governments. Another level of concern was emphasis on informing and involving parents of handicapped children in the educational process. A third level concerned the informing and involving of the public at large, the community and milieu in which handicapped children should eventually become involved. Also we were concerned with trying to inform employers of the many attributes of the handicapped and trying to encourage their employment. What will be the effect of what we did? To me that is based on two things: first, the dissemination of the product and second, the manner in which the product is used. I am not worried about the first step because I think that people who need this document will get it. The second step bothers me. You can't force administrators, teachers, parents, or anyone else to read the document and implement the ideas. So my only desire is that, after it is disseminated, people do get the document, read it, digest it, and attempt to implement the many tactical steps. If that is done, I feel we will have been highly successful here in outlining ways to provide special education in rural, remote areas."

— Joe Todd

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Page

1. Establish personnel with an understanding of patterns in special education who can assist local school districts; educate local personnel as to legal methods and means of articulating to state legislators responsible solutions to local needs. 138
2. Evaluate and document present rural special education programs operating under present state and federal guidelines to demonstrate the areas of ineffectiveness and the resulting inflexible cost and service patterns. 138
3. Make the rural district responsible for assuring that parents gain a knowledge and understanding of their special programs and component needs to help gain their acceptance and involvement in program planning. 140
4. Provide assistance to remote, rural areas in identifying their needs and problems through special education agency intervention. 142
- 2.1.5 Design a system for communication and cooperation among state education and service agencies' staff members. 142
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TACTICAL ARENAS

TACTICAL STEPS

WHO

2.1.1. ESTABLISH PERSONNEL WITH AN UNDERSTANDING OF PATTERNS IN SPECIAL EDUCATION WHO CAN ASSIST LOCAL SCHOOL DISTRICTS AND EDUCATE LOCAL PERSONNEL AS TO LEGAL METHODS AND MEANS OF ARTICULATING TO STATE LEGISLATORS RESPONSIBLE SOLUTIONS TO LOCAL NEEDS.

1. Formulate resource pool (existing and potential resources).

Bureau of Indian Affairs, Bureau of Education for the Handicapped, Coordinating Office of Regional Resource Centers, Area Learning Resource Centers; state department utilization via agency registry; other key people, state agencies: Health, Education and Welfare, Mental Health, Vocational Rehabilitation, etc.; regional cooperatives, university programs, advocacy groups, community agencies, parent groups, local education agencies

2. Establish a task force for technical assistance. A task force includes those resource persons who are collectively identified, selected and contracted from a total resource pool for assistance in meeting needs articulated at local, state, regional, and federal levels. The network may be mediated by an ombudsman who serves as contact for the resource pool network.

The state and/or regional agency

3. The task force functions are (a) to disseminate information and (b) to educate local personnel

See Tactic 1 for list of agencies

2.1.2. EVALUATE AND DOCUMENT PRESENT RURAL SPECIAL EDUCATION PROGRAMS OPERATING UNDER PRESENT STATE AND FEDERAL GUIDELINES TO DEMONSTRATE THE AREAS OF INEFFECTIVENESS AND THE RESULTING INFLEXIBLE COST AND SERVICE PATTERNS.

1. Identify discrepancies between currently served, unserved, and underserved clients due to guideline parameters.

State departments of special education, task force(s), consultants

2. Compile and analyze evaluations of local programs, i.e., educational and service programs.

State departments of special education, task force(s), consultants

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WHERE**HOW****WHEN**

Regional consultant level and/or state level, disseminated to local level and federal level

Check agency registry
Write grants
Create an ombudsman position

As soon as possible on a periodic basis (by December 1st of each year)

At the local educational service agency

1. Identify areas of need (state and local needs assessment)
2. Identify criteria for authorization
3. Make a decision on authorization
4. Communicate authorization (positive or negative)
5. Review the resource pool
6. Select people from the resource pool who fill areas of need including local education agencies.

On completion of Step 1.

At task force meetings, conferences

Group meetings, tele-conferences (WATS line), newsletters, mail communication

Within 60 days of authorization, or as soon as possible after authorization

At the state level

1. Locate the underserved and the unserved.
2. Identify needs.
3. Construct a list of discrepancies between the guidelines and those who should be served.
4. Make recommendations for reducing those discrepancies.

Ongoing, with at least a yearly status report

At the state level

1. Establish criteria for local evaluations.
2. Design strategies for collecting local evaluation reports.
3. Collect local evaluation reports.
4. Analyze the degree to which existing programs reflect and meet existing guidelines.

Annually



TACTICAL ARENAS

TACTICAL STEPS

WHO

3. Review facilitating and interfacing guidelines.

State department of special education

- 2.1.3. MAKE THE RURAL DISTRICT RESPONSIBLE FOR ASSURING THAT PARENTS GAIN A KNOWLEDGE AND UNDERSTANDING OF THE SPECIAL PROGRAMS AND COMPONENT NEEDS TO HELP GAIN THEIR ACCEPTANCE AND INVOLVEMENT IN PROGRAM PLANNING.

1. Make parents of handicapped children aware of special education programs.

Administrators, teachers, counselors, resource teachers, parents already active in parent programs, regular education students

2. Involve parents in special education programs.

Same as Step 1 above



WHERE

HOW

WHEN

At task force meetings or communication sessions, at state department offices, or at project sites

1. Analyze the relationship between existing guidelines and existing programs within the state.
2. Analyze successful projects from other states, and the relationship between those projects and the state guidelines from the respective states.
3. Identify guidelines which:
 - a. facilitate effective programs/projects
 - b. need to be modified in order to support successful programs/projects.
4. Submit suggestions for modification of existing guidelines, (to be accompanied by supportive data specifying needed changes) to those charged with the construction and modification of current guidelines.
5. Adapt or modify current guidelines.

Annually, through a review of exemplary project final reports and task force findings

In the local schools

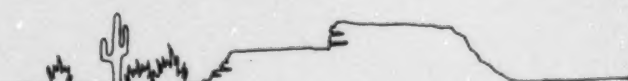
1. Develop a handbook describing available programs and services.
2. Teacher will hold an open house in the classroom.
3. Hold a staffing to include parents and teachers.
4. Parent advisory committees will consult with parents who are unaware of special education programs.

Begin when a handicapped child is identified and continue during the child's period of service.

In the local schools

1. Communicate alternatives for parent involvement based on a survey of successful projects and needs assessment.
2. Select alternatives consistent with needs and administrative constraints.
3. Involve parents in existing parent programs, such as Association for Retarded Citizens, and Association for Children with Learning Disabilities.
4. Invite parents to inservice training activities, workshops, and conventions.

On an ongoing basis



TACTICAL ARENAS

TACTICAL STEPS

WHO

2.1.4. PROVIDE ASSISTANCE TO REMOTE, RURAL AREAS IN IDENTIFYING THEIR NEEDS AND PROBLEMS THROUGH SPECIAL EDUCATION AGENCY INTERVENTION.

1. Conduct a needs assessment.

State department of special education
Task force
Consultant

2. Perform an on-site observation and visitation.

State department of special education
Task force
Consultants

2.1.5. DESIGN A SYSTEM FOR COMMUNICATION AND COOPERATION AMONG STATE EDUCATION AND SERVICE AGENCIES' STAFF MEMBERS.

1. Assign a resource coordinator.

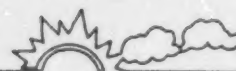
The appropriate administrative unit

2. Develop or obtain an agency registry containing an agency description as to what services are available.

The resource coordinator

3. The resource coordinator will develop and maintain liaison with local and state service agencies.

The resource coordinator

**WHERE****HOW****WHEN**

In the local educational agency

1. Communicate technical assistance services available to agencies.
2. Lobby for a needs assessment, convincing those in decision-making positions of the value of a needs assessment:
 - a. identify issues for and against
 - b. develop a rationale for a needs assessment
 - c. identify the population whose needs are to be assessed
 - d. assist local education and service agencies in developing plans for a needs assessment.

As soon as possible

At the site of the local education agency

- Establish criteria for observation
Carry out logistics
Summarize needs through written report of the observations

Periodically as scheduled

In the appropriate administrative unit, i.e. school district, county, service areas, etc.

- Announce position opening and elicit responses from interested school personnel

Before the beginning of the school year

The appropriate administrative unit

1. Determine information and agencies to be included by personal contact with all known agencies, referrals, telephone survey, and questionnaires.
2. Collect information (local, state, federal).
3. Compile information.
4. Distribute the registry to local levels.
5. Make provisions for up-dating the registry.

Before the beginning of the school year

The appropriate administrative unit

1. Initial contact by mail or phone
2. Follow-up mail and phone communications by a personal visit
3. Participation in local, regional, state, and/or national conventions
4. Follow-up and ongoing communication

On an ongoing basis



TACTICAL ARENAS

TACTICAL STEPS

WHO

4. Develop and maintain liaison and public relations with the consumer or potential consumer (parent, child, teacher, service agency, administrator, community, etc.).

The resource coordinator

5. Periodically evaluate the communication system with state and local agencies.

The resource coordinator

2.1.6. TREAT HANDICAPPED PEOPLE WITH AS MUCH ACCEPTANCE AND KINDNESS AS OTHERS.

1. Create a public relations program to make the public aware of handicapped citizens.

Parent groups, advocacy groups, school personnel, and appropriate organizations

2. Conduct inservice training to make educators aware of the handicapped citizen's needs.

Resource consultants, special education teachers, well-known spokesmen, advocacy group and parent group representatives, college personnel and students

WHERE**HOW****WHEN**

in the local community

Media, public meetings, personal contacts, presentations to service and civic organizations

On an ongoing basis

in the administrative unit

1. Determine the presence of observable change in service to children and citizens.
2. Gather input from consumer groups.
3. Obtain feedback from agency involvement.
4. Secure teacher evaluations.
5. Document the use of services based on numbers of requests.

Quarterly

in the administrative unit

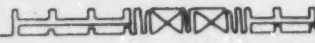
1. Media
2. Increase the visibility of the handicapped in the community:
 - a. open houses of facilities for handicapped
 - b. mainstreaming
 - c. Awareness Week
 - d. Special Olympics
 - e. encourage employment of handicapped with local businesses
 - f. establish advocacy groups
 - g. integrate with Boy and Girl Scouts, church activity groups

On an ongoing basis

At participants places of work

1. Require special education courses for teacher certification.
2. Encourage communication between regular education and special education people:
 - a. plan workshop, visitations to exemplary projects
 - b. include educators in special education activities, such as the Special Olympics

On an ongoing basis



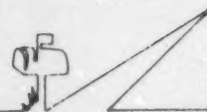
TACTICAL ARENAS

TACTICAL STEPS

WHO

3. Promote and enforce legislation regarding the rights of handicapped citizens.

All concerned citizens, parents, advocacy groups, school personnel, service and civic organization members



WHERE

HOW

WHEN

On all levels of society

1. Conduct a needs assessment to show the level of discrepancy between needs and present levels of services available.
2. Support candidates for political office who favor legislation for the handicapped.

Ongoing throughout the year with emphasis during the legislative session

ADMINISTRATION TASK FORCE: Staffing



Resource Person:
Richard Zeller,
Associate Director,
Northwest
Regional Resource Center

Facilitator:
Mack McCoulskey

Recorder:
Jeri Mizuno

"We looked at the four goals from Portland that dealt with staffing. We ended up with about two or three words out of those and in about an hour generated six goals that made a lot more sense to us. Those six we divided into two groups, one which dealt principally with issues related to staffing at a local level and the other which related to staffing at regional and state levels. The local level group came up with three goals: basically, the first involving recruitment, the second, retaining competent staff — which seems to be a principal difficulty in rural areas — and third, recruiting people on a temporary basis — for pilot projects, developmental projects, that will help develop staff and program. I think the third goal is an interesting one that has not been utilized enough. The state level we also broke down into three basic goals: one dealing with long-term manpower projection (something we don't often do); second, statewide strategies to support recruitment in rural areas. There are some things we decided a state department could do better than local systems operating in isolation. We came up with some ideas under that goal — some new, probably some old — for bringing candidates and local administrators from rural areas together that I think might be helpful. We also came up with some ideas to get training institutions involved to make students in training more aware of the opportunities in special education in remote, rural areas. The third goal dealt with the state development of support systems for staff on a larger-than-local level, involving things like instructional material centers on a county-wide basis, multidisciplinary teams for diagnosis, prescriptions, programs and evaluations, and so on. That is a quick overview. The information looks good."

— Richard Zeller

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TACTICAL ARENAS

TACTICAL STEPS

WHO

2.2.1. ESTABLISH LONG-TERM STAFFING PROJECTIONS TO MEET THE NEEDS OF ALL HANDICAPPED CHILDREN IN REMOTE, RURAL AREAS.

1. Analyze "child find" data from local districts.

State department of special education staff

2. Identify those programs which are needed, based on short-term (two year) to long-term (ten year) projections relevant to the needs analysis.

State department of special education staff, plus local education agency representative

3. Determine available manpower resources.

Representative of the local education agency and state department of special education staff

4. Determine staff needed for short- and long-term projections that cannot be met by available manpower resources.

State department of special education staff and a local education agency representative

2.2.2. RECRUIT STAFF FOR PILOT OR DEVELOPMENTAL PROJECTS TO ASSIST IN LOCAL PROGRAM DEVELOPMENT AND SPECIAL EDUCATION, STAFF DEVELOPMENT, ETC., AT THE LOCAL, RURAL LEVEL.

1. Specify needed projects.

Local educational agency personnel

**WHERE****HOW****WHEN**

At the state level

In terms of these possible considerations:

- a. urban/rural
- b. served/underserved/unserved
- c. currently served outside local area
- d. age
- e. remedial rates for identified children
- f. population trends
- g. needs according to handicapping condition

Annually

At the state level

By correlating demonstrated needs data from the state master plan and state guidelines, in order to determine the number of programs, by type, needed in two years and in ten years

Annually after Step 1

At the state level

Developmental Disability Councils, special education resource directories, human resource directories, local education agencies, other agency personnel, consultants and contract personnel, university clinics, institutions, rate of teacher production from training, attrition rate of teachers

At least annually

At the state level

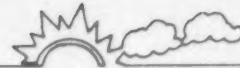
1. Determine the capability of existing resources to meet projected needs.
2. List needs which cannot be met by short range (two year) and long-range (ten year) projection.

After completion of Step 3

At the local educational agency

1. Perform a local needs assessment.
2. Survey local teachers for their ideas.
3. Obtain parental input on a set format.
4. Obtain input from interested community members.
5. Draw up a document of needed projects.

Ongoing

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

2. Identify sources for obtaining assistance.

Local educational agency personnel

3. Communicate projects to potential assistance sources.

Involved personnel at the local educational agency

4. Assess project needs and provide for local arrangements to meet those needs.

Involved personnel at the local educational agency

2.2.3. IDENTIFY OR PROVIDE FOR SYSTEMS TO SUPPORT THE STAFF IN RURAL REMOTE SPECIAL EDUCATION SERVICES.

1. Provide for itinerant, multi-disciplinary support teams (state, regional, county, district) in remote, rural districts to identify, assess, and prescribe programs.

The director of the state department of special education

2. Provide staff for regional (county) special educational materials and training centers to serve remote, rural special education.

The state department of special education, with input from staff in remote, rural areas

2.2.4. DEVISE STATEWIDE STRATEGIES TO SECURE AND RETAIN COMPETENT SPECIAL EDUCATION PERSONNEL AT THE LOCAL LEVEL IN REMOTE, RURAL AREAS.

1. Identify or establish a state-level locus of advocacy for the staff recruitment and development needs of rural areas.

The state director with rural staff and advocate's input

**WHERE****HOW****WHEN**

At the local educational agency

1. Request sources from the state education agency.
2. Contact appropriate private companies or public agencies.
3. Contact the appropriate departments in colleges and universities.

Annually at the beginning of the school year

From the local educational agency to possible sources of assistance

Present document of projects by personal appointment, telephone, mail, or media presentations.

On an ongoing basis

At the local educational agency

By supplying names of capable job candidates to local administrator

As soon as pilot is under way

At the state level

1. Research existing multidisciplinary team models (through ERIC, site-visitations, etc.).
2. Initiate an organization model applicable to the state and region, utilizing available local education agency resources, specifically hired staff, and other possible state resources.
3. Provide budgetary support to regional units, cooperative units, etc.
4. Develop guidelines for team operation including local education agency staff involvement, a description of the team specialist's function, and referral and service follow-up procedures.

When specified by the state master plan

At the state level

By providing money for hiring staff, by examining existing models (see above)

When specified by the state master plan

In state offices

1. Hire or assign a remote, rural specialist, a regional liaison person in rural areas, and a rural advocacy council
2. Survey existing local education agency special education staff to determine what areas to train.

As soon as possible (if council meets at least quarterly)

TACTICAL ARENAS

TACTICAL STEPS

WHO

2. Identify sources of trained special education personnel potentially available to rural, remote programs.

State department of special education staff

3. Establish a format for bringing together groups of potential candidates and remote rural administrators.

State department of education staff, training institution staff, and local education agency representatives

4. Develop commitments on the part of training institutions to bring awareness to students presently in training of the opportunities in special education in rural areas.

State department of education staff

2.2.5. RETAIN, AT THE LOCAL LEVEL, CERTIFIED, COMPETENT, AND TRAINED SPECIAL EDUCATION PERSONNEL IN RURAL AREAS.

1. Develop attractive fringe benefits.

The local education administration and school board

2. Make provisions for professional development.

The local educational administration and school board

**WHERE****HOW****WHEN**

In state offices

1. Survey all state, regional, and selected national training institutions with special education program preparation.
2. Survey local education agency substitute rosters for unemployed special education personnel.

On an ongoing basis

At the state office

By holding recruiting conferences and obtaining state-provided per diem and travel to students to travel for interning

At recruiting time, annually

At the training institution or in a rural district

1. Hold practice and internships in rural, remote areas.
2. Use rural, remote administrators as guest lecturers.
3. Provide opportunities for field-based training in rural, remote areas.
4. Where possible, revise the existing curriculum to reflect the needs of rural, remote areas.

As soon as possible.

At the local educational agency

1. Through negotiations with school board
2. By showing the need and suggesting a rationale
3. By investigating cooperative arrangements with other districts for benefit plans at lower rates

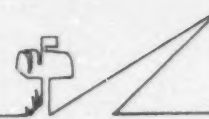
Prior to contract negotiations with teachers

At the local educational agency

By utilizing the following methods:

1. Negotiating with the school board
2. Influencing administrative decisions
3. Writing provisions into long-range planning
4. Providing inservice training
5. Providing recertification credit

Prior to contract negotiations

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

3. Utilize local resources to develop and maintain teachers' interest in the community.

District administrators, teachers, parents, and parent groups

4. Demonstrate a high-level priority for the special education program.

Administration, school board, and parents

5. Actively encourage local staff to assume special education functions.

All of the school personnel

6. Insure that special education staff and regular education staff are jointly involved in all school operations.

All of the school personnel

- 1.6. RECRUIT, AT THE LOCAL LEVEL, CERTIFIED COMPETENT, AND TRAINED SPECIAL EDUCATION PERSONNEL IN RURAL AREAS.

1. Develop job specifications and desirable qualifications.

Involved local educational agency personnel

2. Identify all referral sources for obtaining certified, trained, and competent personnel.

Designated local school personnel

**WHERE****HOW****WHEN**

At the local educational agency

1. Organize parent groups.
2. Involve local service clubs.
3. Involve professional service agencies.
4. Encourage involvement in social, cultural, religious, recreation and other groups as warranted.

Continuously

In the school

1. Provide the funds and facilities.
2. Provide a release for training time.
3. Encourage a positive attitude regarding the importance of special education.

Continuously

In the local educational agency and the individual school

1. Provide a salary differential.
2. Provide additional training.
3. Provide recertification credit.

As appropriate

In the local educational agency and individual agencies

1. Include special education staff in all regular staff meetings.
2. When and where possible, integrate special education programs.
3. Insure the inclusion of special education staff in information flow (memos, routing slips, etc.).

Continuously

At the local educational agency

Form workshops to revise, add to, or modify existing job descriptions.

On an ongoing basis and 60 days prior to hiring

At the local educational agency

1. Request lists from state educational agency.
2. Contact placement services of higher education.
3. Contact state employment services.
4. Contact private employment agencies.
5. Contact school personnel.

As job descriptions are developed

TACTICAL ARENAS**TACTICAL STEPS****WHO**

-
3. Develop information packets with details about the job and the area

Community and school personnel

-
4. Disseminate information to applicable areas.

Designated local school personnel

-
5. Actively encourage the local staff to assume special education functions.

The local educational administration staff

-
6. Receive, review, and screen applications.

The local educational agency designate

-
7. Interview best-qualified applicants.

The local educational designate

-
8. Collect additional information, if required, from the best qualified applicants.

The local educational agency designate

-
9. Review selection information and select the best candidate.

The local educational agency designate

**WHERE****HOW****WHEN**

At the local education agency and where community resources can be found

1. Collect information from community resource people.
2. Select the most appropriate information to meet needs.
3. Compile and publish the information packet.

Concurrently with the completion of job descriptions

From the local education agency

By mail, by media, by personal contact

As required

In the local educational agency and the community

1. Providing inservice training
2. Release time for on-site visits
3. Additional formal training

To be ongoing in appropriate instances

In the local educational agency

1. Establish a screening committee.
2. Do an initial screening on all applications comparing job qualifications to applicant resources.
3. Design a performance test.

30 days before hiring personnel

At the local educational agency and the community

1. In person
2. By telephone
3. By written communication

As required

At the local educational agency

1. By obtaining written references
2. By conducting telephone interviews with references (especially previous employees)
3. By having the best applicants submit to a performance test

As required

At the local educational agency

1. Rank the best applicants in terms of qualification, experience, interview, and performance test.
2. Select the best applicant (attending to, but not necessarily being controlled by rankings).

As required



Resource Person:
Wayne Johnson,
Technical Assistance Director,
Coordinating Office for
Regional Resource Centers

Recorder:
Bobbi Cole

"Our area was within the Administrative Task Force, zeroing in on responsibility and accountability. As we started grappling with this we were questioning ourselves, I think, about what kinds of expertise we had on board that could lend some good, sound thinking to tactical steps — the how's, the why's, the when's, the who's. When our group met, the people had already been working in other groups for a day and a half. They were ready for this new challenge, and the proceedings went at a crisp pace. I think this was necessary to get the information out and make it most explicit. We wanted our part of this conference to represent a consensus so that as people look at the document out in the field they will know we had them in mind."

— Wayne Johnson

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the original document was blank.

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TACTICAL ARENAS

TACTICAL STEPS

WHO

2.3.1. DEVELOP, IMPLEMENT, AND EVALUATE POLICIES AND PROCEDURES TO PROVIDE THE MOST APPROPRIATE EDUCATIONAL SERVICES TO HANDICAPPED CHILDREN THROUGH A COMMUNICATION NETWORK AMONG PARENTS, EDUCATORS, AND LEGISLATORS.

1. Establish a communication network of parents, educators, and legislators.

A statewide ad hoc task force

2. Plan and develop policies and procedures to provide the most appropriate educational services to handicapped children.

Communication network participants in cooperation with the local education agency

3. Implement policies and procedures to provide the most appropriate educational services to handicapped children.

Communication network participants in cooperation with the local education agency

WHERE

HOW

WHEN

On the site of the scheduled meeting place

1. Identify interested parents, educators, legislators.
2. Utilize surveys, questionnaires, TV spots, radio.
3. Distribute printed media such as brochures.
4. Schedule meetings of appropriate groups.
5. Obtain a commitment of those interested in becoming a part of the communication network.
6. Coordinate through a parent advisory group.
7. Identify a statewide special education advisory council.
8. Establish an ad hoc task force to formulate a communication network.
9. Provide guidelines for the local ad hoc task force.

After the designation of a statewide ad hoc task force, with a scheduled meeting

At the site of the scheduled meeting place

1. Determine numbers and types of existing special education programs and students served.
2. Determine current operating policies and procedures on a local, state and national level.
3. Assess special educational needs of unserved and underserved populations.
4. Evaluate programs, policies, and procedures for modification or addition.
5. Develop a timeline for implementation.

Upon the establishment of a communication network

At an appropriate site

1. Identify participating districts.
2. Conduct an inservice on the findings of the needs assessment, recommendations from the needs assessment and the revision of policies and procedures.
3. Disseminate written policies and procedures.

Upon completion of the developmental phase

TACTICAL ARENAS

TACTICAL STEPS

WHO

-
4. Evaluate policies and procedures to provide the most appropriate educational services to handicapped children.

Communication network participants in cooperation with the local education agency

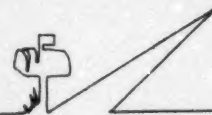
2.3.2. ASSIST AND SUPPORT RURAL AND REMOTE DISTRICTS IN IMPLEMENTING APPROPRIATE SPECIAL EDUCATIONAL SERVICES FOR HANDICAPPED CHILDREN.

1. Develop a plan to provide assistance and support to rural, remote districts.

The state department of education in cooperation with the local education agency

-
2. Implement the plan to assist and support rural, remote districts in order to provide appropriate special educational services for handicapped children.

State department, local education agencies, and cooperating school supervisors

**WHERE****HOW****WHEN**

4. Provide technical assistance and support for implementing policies and procedures.
5. Conduct monitoring of program implementation.

At an appropriate location

1. Determine numbers and types of special education programs.
2. Determine numbers of students served and unserved.
3. Compare data in the initial needs assessment (Tactic 2) to that from the secondary needs assessment.
4. Assess the improvement in special education student performance in using objective testing instruments.
5. Survey participating parents, educators, and legislators regarding their subjective evaluation of the effectiveness of the programs, policies, and procedures.

After the implementing phase

In the state department of special education

1. Analyze the data from 2.3.1 Tactic 3 regarding rural, remote areas to determine the present service level.
2. Investigate geographic constraints, transportation, and delivery systems.
3. Determine needed support programs.
4. Identify human, material, and fiscal resources.
5. Develop a timeline and identify persons responsible for implementation.

After the completion of Goal 2.3.1

On site and at the local education agency

1. Identify participating districts.
2. Hire the support staff, such as coordinators and facilitators.
3. Notify the participating districts of the inservice.
4. Implement a support service system.

After the completion of the planning phase



TACTICAL ARENAS

TACTICAL STEPS

WHO

3. Evaluate the assistance and support service systems to rural, remote school districts.

Support staff, local education agencies and state department staff

2.3.3. ACTIVELY SEEK FEDERAL AND STATE FUNDING SPECIFICALLY DESIGNED FOR SERVICES TO HANDICAPPED CHILDREN IN RURAL, REMOTE AREAS.

1. Create an awareness that federal and state program supports are available for services to the handicapped.

Regional Resource Center Staff, professional organization staff, and state special education directors

2. Establish a communication system between the local districts and the state in terms of what money is available and where, and procedures on how to secure it.

A designated advocate

3. Write a support program (grants, specialized monies, etc.) to meet needs in the local districts.

An advocate using backup assistance such as technical persons and Regional Resource Center staff

2.3.4. DEVELOP GUIDELINES TO ASSIST LOCAL SCHOOL DISTRICTS TO BE RESPONSIBLE AND ACCOUNTABLE FOR THE EDUCATION OF SEVERELY HANDICAPPED CHILDREN IN THEIR JURISDICTION.

1. Research exemplary programs.

1. State departments of special education
2. Regional Resource Centers
3. Educational task forces

WHERE**HOW****WHEN**

5. Establish a schedule of regular on-site visits with each district.
6. Provide materials to districts on request.

On location at the remote school districts

1. Determine the numbers and types of special education programs.
2. Determine the numbers of students served and unserved.
3. Compare the data analysis in Step 1 to the current level of increased, improved programs.
4. Assess improvement in special education student performance by using objective testing instruments.
5. Survey participating parents, educators, and legislators regarding their subjective evaluation of the effectiveness of the programs, policies and procedures.

After the completion of the implementation phase

In school districts, local education agencies, state education agencies, and parent groups

Through inservice legislative provisions

Immediately

In the local education agency

By use of: telephone, mail, meetings, and on-site visitations

Continuously

On a local level

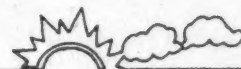
By following established guidelines, accumulating information, forms, etc.

Continuously

On a local, state or regional level

By conducting an ERIC Search and requesting technical assistance

Immediately

**TACTICAL ARENAS****TACTICAL STEPS****WHO**

2. Establish local constraints in setting guidelines for program services to the severely handicapped with the local school district.

A survey team appointed by the local education agency

3. Write guidelines for responsibility and accountability in terms of local education opportunities for children with severely handicapping conditions.

By a local education agency team of advocates or technical assistance consultants

2.3.5. DEVELOP AND IMPLEMENT A PROCEDURE FOR LOCAL ACCOUNTING AND REPORTING TO THE STATE DEPARTMENT OF EDUCATION OF FUNDS EXPENDED FOR SPECIAL EDUCATION PROGRAMS.

1. Identify the appropriate person(s) with the responsibility for accounting and reporting the expenditure of special education funds.

Local education agency staff members

2. Identify the appropriate instruments and procedures for obligating and expending special education funds.

The state director of special education, in cooperation with local education agencies

3. Establish a timeline for reporting special education funds expended.

The state director of special education in cooperation with the local education agency

2.3.6. DEVELOP A COST ANALYSIS PROGRAM FOR CATEGORICAL SPECIAL EDUCATION SERVICES IN RURAL AREAS.

1. Identify appropriate persons with the responsibility of developing and implementing special education programs.

The local education agency's designated staff

2. Identify geographic areas to be served with special education programs.

By local education agency and/or appropriate agency staff members

3. Specify the human, material, and fiscal cost of resource personnel to provide the needed services.

By local education agency and/or appropriate agency staff

4. Analyze the cost of delivery of needed services.

Local education agency and/or appropriate agency staff

**WHERE****HOW****WHEN**

In the local district

Survey the spectrum of the children's handicapping conditions, resources available, community sophistication level, population distribution, and geographic aspects.

Begin three to six weeks after Step 1.

At the local education agency, regional service agency, or state education agency

Proposed guidelines to be accepted by the local education agency board and to be implemented by a legislative mandate

Begin within one year after Step 2

In the respective administration units

The highest administrative office will designate the appropriate staff personnel

Accounting and reporting procedures will be implemented upon the establishment and funding of special education programs within the existing administrative unit.

Secure guidelines from the state department of education

Via verbal or written communication with the state department of special education

Continuing, ongoing process

At the state department of education

As prescribed by applicable law and/or rules and regulations

As mandated or requested by funding source

In the respective administrative units

As mandated by the appropriate authority

As mandated or requested by funding source

In the respective administrative units

Utilizing programmatic funding

As needed

In the respective administrative unit

By usual administrative communication means

As mandated or requested by funding source

In the respective administrative unit

As specified by the administrative office in the district or state.

As mandated or requested by funding source.



INTRODUCTION

TO

ELEMENTARY

CONSULTING TEACHER SERVICES

FOR CHILDREN WITH

SPECIAL LEARNING AND

BEHAVIOR PROBLEMS

IN

VERMONT SCHOOL DISTRICTS

I. WHAT IS THE CONSULTING TEACHER APPROACH TO SPECIAL EDUCATION?

Consulting teachers provide special education services to learning disabled, emotionally disturbed, or mildly retarded children within regular and special classrooms through consultation with classroom teachers, school administrators and the parents of these eligible children. The eligible child is typically not removed from his classroom for special services but receives these services from his own classroom teacher with assistance from a consulting teacher. There are special classes in Vermont, but not nearly enough to serve all of the children who are eligible to receive special services. Special classes are often in regional centers and require children to spend many hours a week riding school buses to and from the centers. In a sparsely populated rural area like Vermont, the consulting teacher approach to special education is an attractive alternative to special classes. This approach also allows the successful retention of handicapped learners in regular education programs in keeping with recent court decisions and current educational philosophy. Additionally, this approach is a major component of Vermont's ten year plan for special education.

II. HOW DO CONSULTING TEACHERS TRAIN CLASSROOM TEACHERS TO PROVIDE SPECIAL EDUCATION SERVICE?

The consulting teacher approach to special education is considered a training-based approach in that it provides inservice training to teachers so that they can provide special services within their classrooms. Training is provided through formal coursework, workshops, and direct consultation.

Formal coursework is offered through the Special Education Program at the University of Vermont. Consulting teachers have associate faculty appointments with the College of Education and offer courses for University

credit each semester in their districts. Coursework for classroom teachers emphasizes the individualization of instruction, the analysis of classroom behavior, classroom observation and measurement, the development, implementation, and evaluation of effective teaching/learning procedures and minimum objective systems, and the involvement of children, parents and paraprofessionals in the teaching process.

Workshops may emphasize practicum experience in individualizing instruction, the analysis of classroom behavior, the implementation of new teaching/learning procedures, and the involvement of parents in the development and implementation of the procedures. Workshops may also focus on the development of minimum objectives for essential basic skills.

Finally, classroom teachers receive training through direct consultation. Throughout the consultation process, the teacher receives informal training to perform several specific tasks such as defining and measuring the specific referred problems, recording and graphing the measures, and precisely following a prescribed procedure. The consulting teacher helps the teacher involve the child's parents and interprets the program in terms of the principles of applied behavior analysis.

III. HOW DO CONSULTING TEACHERS PROVIDE SERVICE TO CHILDREN ELIGIBLE FOR SPECIAL EDUCATION SERVICES?

Once an eligible child has been referred to a consulting teacher the first step is to determine just exactly where the child is in the educational process. The consulting teacher then helps the classroom teacher specify an instructional objective which tells us where the child should be.* The next step involves the development and implementation of a teaching/learning

*At this time, a conference with the child's parents is held where parental support of and informed consent for services are obtained by the teacher and a consulting teacher.

procedure which assures that the child will achieve the instructional objective, and finally the consulting teacher and classroom teacher must evaluate the teaching/learning procedure to determine its effectiveness.

A child attending a regular elementary class is eligible for special education provided by a consulting teacher when the following criteria are met:

1. The child's teacher refers the child to the consulting teacher. This referral must include a statement indicating deficits in language, arithmetic, and/or social behaviors, and a statement signed by the teacher indicating that the referred child has a profound need for consulting teacher services, and
2. Measured levels of language, arithmetic, and/or social behaviors which the referring teacher has indicated as deficit must deviate from minimum objectives.

When a child has been referred for special education services because of a deficit in language, arithmetic or social behaviors, the consulting teacher helps the classroom teacher to assess the child's entry level for the referred target behaviors. A child's entry level for a referred problem is his skill mastery in that target area. The entry level represents all of the previous learning that a child can demonstrate at the time of entry level measurement that is related to the referral problem. For example, an entry level can be the number of basic addition facts that he knows, the number of sight words that he can recognize, the distance that he can throw a baseball, or the number of times that he interacts with his peers during a free play period.

Information for measuring a child's entry level can come from a variety of sources. Standardized tests can often provide us with general

Information concerning a referred child's entry level. Standardized tests, however, do not typically provide specific information that can be used to help the teacher specify his instructional objectives or develop an appropriate teaching/learning procedure.

The best way to measure a child's entry level is for the classroom teacher to sample the child's work performance in his classroom.

Consulting and classroom teachers next specify an instructional objective for the referred child which is based on the information derived from the entry level measurement. An instructional objective is a description of what an individual should be able to do at the conclusion of an instructional sequence. An instructional objective should not be confused with a description of the teaching/learning process or a description of desirable teacher behavior. The instructional objective is a description of what the learner will be like after successfully completing the learning sequence.

When the instructional objective has been specified, the next step is to develop an appropriate teaching/learning procedure so that the child can achieve the objective. According to research conducted by modern learning theorists, there are four basic principles of learning that are involved in developing and implementing teaching/learning procedures so that the referred child may move from his entry level to the level specified in the instructional objectives. These four principles are reinforcement, scheduling of reinforcement, the shaping of new behavior, and the effects of antecedent stimuli.

The final step involves the objective evaluation of the teaching/learning procedures. The measurement procedures developed as part of the teaching/learning sequence serve as the basis for evaluation. Most

teachers prefer to summarize their measurements in the form of graphs.

A graph is an excellent tool for summarizing such measures.

Evaluation is a very important step in the teaching/learning process and should go on continually rather than being a one time occurrence.



INTRODUCTION
TO
SECONDARY SCHOOL
CONSULTING/RESOURCE TEACHER
SERVICES FOR YOUTH WITH
SPECIAL LEARNING AND
BEHAVIOR PROBLEMS
IN
VERMONT SCHOOL DISTRICTS

I. WHAT IS THE CONSULTING TEACHER RESOURCE TEACHER (CT-RT) APPROACH TO SECONDARY SCHOOL SPECIAL EDUCATION?

The Consulting Teacher - Resource Teacher (CT-RT) provides special education services within a school or district in three ways:

1. By providing on-the-job inservice training for teachers having eligible students in their classrooms.
2. By providing through an aide special tutoring for eligible students and assistance to the Consulting Teacher-Resource Teacher in the area of record keeping, instructional materials development and released time for regular classroom teachers to facilitate consultation with the Consulting Teacher - Resource Teacher.
3. By maintaining a resource room to which eligible students having difficulty in a particular subject may be referred. The resource room is not a special education classroom in the conventional sense. Students only come to the resource room for a small portion of the school day or year until specific deficits have been remedied.

II. HOW DO CONSULTING TEACHER-RESOURCE TEACHERS ASSIST SUBJECT AREA TEACHERS IN RESPONDING TO THE SPECIAL EDUCATION NEEDS OF STUDENTS?

The Consulting Teacher-Resource Teacher approach to special education is considered a training-based approach in that it provides in-service training to teachers so that they (the subject area teachers) can provide special services within their classrooms. Training is provided through formal course work, workshops and direct consultation.

The CT-RT, as an associate faculty in the College of Education and Social Services may offer courses for University credit each semester in the district. Coursework includes: 1) the development of minimum objective systems, 2) the individualization of instruction, 3) the development and implementation of effective teacher/learning procedures, as well as 4) the involvement of parents and paraprofessionals in the teaching process.

Workshops may be developed to provide instruction in any one of the above mentioned areas.

Finally, classroom teachers receive training through direct consultation. Throughout the consultation process, the teacher receives informal training in several specific teaching tasks such as defining and measuring specific referred problems, recording and graphing measures, and precisely following a prescribed procedure. The Consulting Teacher helps the teacher involve the student's parents so that they may participate in the educational progress of their child.

III. HOW DO CONSULTING TEACHER-RESOURCE TEACHERS PROVIDE SERVICE TO STUDENTS ELIGIBLE FOR SPECIAL EDUCATION SERVICES?

Once an eligible student has been referred to a CT-RT, the first step is the determination of the student's specific area of difficulty. The CT-RT then helps the teacher specify an instructional objective which tells where the student should be. The next step involves the development and implementation of a teaching/learning procedure which will assure that the student will achieve the instructional objective, and finally the CT-RT and the classroom teacher evaluate the teaching/learning procedure to determine its effectiveness.

A student is eligible for special education provided by a CT-RT when the following criteria are met:

1. The student's teacher refers him to the CT-RT. This referral must include a statement indicating deficits in language, mathematics, and/or social behaviors, and a statement signed by the teacher indicating that the referred student has a need for special education services; and
2. Measured levels of language, mathematics, and/or social behaviors which the referring teacher has indicated as deficit must deviate from minimum objectives.
3. Parental approval for special services is secured through a letter of informed consent.

When a student has been referred for special education services because of a deficit in language, mathematics or social behaviors, the CT-RT helps the teacher to assess the student's entry level for the referred target behavior(s). A student's entry level for a referred problem is his skill mastery in that target area. The entry level represents all of the previous learning that a student can demonstrate at the time of entry level measurement that is related to the referral problem. Examples of entry levels for a student might be the number of complete sentences in a writing sample, the accuracy with which a set of decimal multiplication problems is completed, or the number of blanks correctly filled in on a job application form.

Information for measuring a student's entry level can come from a variety of sources. Standardized tests can often provide us with general information concerning a referred student's entry level. Standardized

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When the instructional objective has been specified, the next step is to develop an appropriate teaching/learning procedure so that the student can achieve the objective. According to learning theory, there are four basic principles of learning that are involved in developing and implementing teaching/learning procedures so that the referred student may move from his entry level to the level specified in the instructional objectives. These four principles are reinforcement, scheduling of reinforcement, the shaping of new behavior, and the effects of antecedent stimuli.

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INTRODUCTION
TO
ELEMENTARY
CONSULTING TEACHER SERVICES
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credit each semester in their districts. Coursework for classroom teachers emphasizes the individualization of instruction, the analysis of classroom behavior, classroom observation and measurement, the development, implementation, and evaluation of effective teaching/learning procedures and minimum objective systems, and the involvement of children, parents and paraprofessionals in the teaching process.

Workshops may emphasize practicum experience in individualizing instruction, the analysis of classroom behavior, the implementation of new teaching/learning procedures, and the involvement of parents in the development and implementation of the procedures. Workshops may also focus on the development of minimum objectives for essential basic skills.

Finally, classroom teachers receive training through direct consultation. Throughout the consultation process, the teacher receives informal training to perform several specific tasks such as defining and measuring the specific referred problems, recording and graphing the measures, and precisely following a prescribed procedure. The consulting teacher helps the teacher involve the child's parents and interprets the program in terms of the principles of applied behavior analysis.

III. HOW DO CONSULTING TEACHERS PROVIDE SERVICE TO CHILDREN ELIGIBLE FOR SPECIAL EDUCATION SERVICES?

Once an eligible child has been referred to a consulting teacher the first step is to determine just exactly where the child is in the educational process. The consulting teacher then helps the classroom teacher specify an instructional objective which tells us where the child should be.* The next step involves the development and implementation of a teaching/learning

*At this time, a conference with the child's parents is held where parental support of and informed consent for services are obtained by the teacher and the consulting teacher.

procedure which assures that the child will achieve the instructional objective, and finally the consulting teacher and classroom teacher must evaluate the teaching/learning procedure to determine its effectiveness.

A child attending a regular elementary class is eligible for special education provided by a consulting teacher when the following criteria are met:

1. The child's teacher refers the child to the consulting teacher. This referral must include a statement indicating deficits in language, arithmetic, and/or social behaviors, and a statement signed by the teacher indicating that the referred child has a profound need for consulting teacher services, and
2. Measured levels of language, arithmetic, and/or social behaviors which the referring teacher has indicated as deficit must deviate from minimum objectives.

When a child has been referred for special education services because of a deficit in language, arithmetic or social behaviors, the consulting teacher helps the classroom teacher to assess the child's entry level for the referred target behaviors. A child's entry level for a referred problem is his skill mastery in that target area. The entry level represents all of the previous learning that a child can demonstrate at the time of entry level measurement that is related to the referral problem. For example, an entry level can be the number of basic addition facts that he knows, the number of sight words that he can recognize, the distance that he can throw a baseball, or the number of times that he interacts with his peers during a free play period.

Information for measuring a child's entry level can come from a variety of sources. Standardized tests can often provide us with general

Information concerning a referred child's entry level. Standardized tests, however, do not typically provide specific information that can be used to help the teacher specify his instructional objectives or develop an appropriate teaching/learning procedure.

The best way to measure a child's entry level is for the classroom teacher to sample the child's work performance in his classroom.

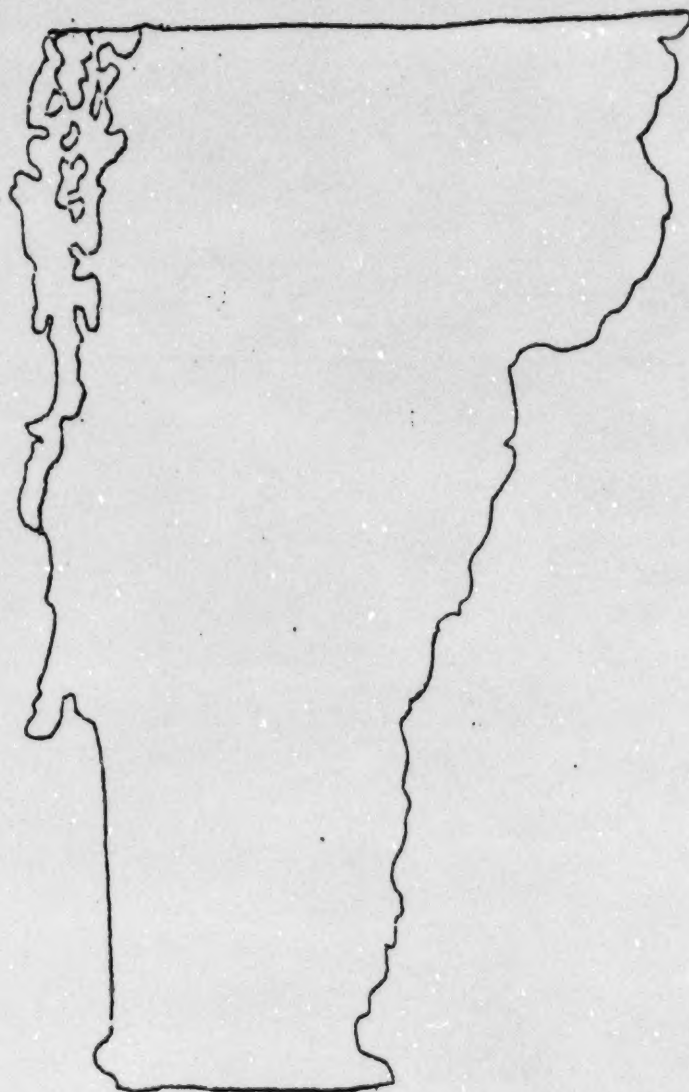
Consulting and classroom teachers next specify an instructional objective for the referred child which is based on the information derived from the entry level measurement. An instructional objective is a description of what an individual should be able to do at the conclusion of an instructional sequence. An instructional objective should not be confused with a description of the teaching/learning process or a description of desirable teacher behavior. The instructional objective is a description of what the learner will be like after successfully completing the learning sequence.

When the instructional objective has been specified, the next step is to develop an appropriate teaching/learning procedure so that the child can achieve the objective. According to research conducted by modern learning theorists, there are four basic principles of learning that are involved in developing and implementing teaching/learning procedures so that the referred child may move from his entry level to the level specified in the instructional objectives. These four principles are reinforcement, scheduling of reinforcement, the shaping of new behavior, and the effects of antecedent stimuli.

The final step involves the objective evaluation of the teaching/learning procedures. The measurement procedures developed as part of the teaching/learning sequence serve as the basis for evaluation. Most

teachers prefer to summarize their measurements in the form of graphs.
A graph is an excellent tool for summarizing such measures.

Evaluation is a very important step in the teaching/learning process
and should go on continually rather than being a one time occurrence.



INTRODUCTION
TO
SECONDARY SCHOOL
CONSULTING/RESOURCE TEACHER
SERVICES FOR YOUTH WITH
SPECIAL LEARNING AND
BEHAVIOR PROBLEMS
IN
VERMONT SCHOOL DISTRICTS

I. WHAT IS THE CONSULTING TEACHER RESOURCE TEACHER (CT-RT) APPROACH TO SECONDARY SCHOOL SPECIAL EDUCATION?

The Consulting Teacher - Resource Teacher (CT-RT) provides special education services within a school or district in three ways:

1. By providing on-the-job inservice training for teachers having eligible students in their classrooms.
2. By providing through an aide special tutoring for eligible students and assistance to the Consulting Teacher-Resource Teacher in the area of record keeping, instructional materials development and released time for regular classroom teachers to facilitate consultation with the Consulting Teacher - Resource Teacher.
3. By maintaining a resource room to which eligible students having difficulty in a particular subject may be referred. The resource room is not a special education classroom in the conventional sense. Students only come to the resource room for a small portion of the school day or year until specific deficits have been remedied.

II. HOW DO CONSULTING TEACHER-RESOURCE TEACHERS ASSIST SUBJECT AREA TEACHERS IN RESPONDING TO THE SPECIAL EDUCATION NEEDS OF STUDENTS?

The Consulting Teacher-Resource Teacher approach to special education is considered a training-based approach in that it provides in-service training to teachers so that they (the subject area teachers) can provide special services within their classrooms. Training is provided through formal course work, workshops and direct consultation.

The CT-RT, as an associate faculty in the College of Education and Social Services may offer courses for University credit each semester in the district. Coursework includes: 1) the development of minimum objective systems, 2) the individualization of instruction, 3) the development and implementation of effective teacher/learning procedures, as well as 4) the involvement of parents and paraprofessionals in the teaching process.

Workshops may be developed to provide instruction in any one of the above mentioned areas.

Finally, classroom teachers receive training through direct consultation. Throughout the consultation process, the teacher receives informal training in several specific teaching tasks such as defining and measuring specific referred problems, recording and graphing measures, and precisely following a prescribed procedure. The Consulting Teacher helps the teacher involve the student's parents so that they may participate in the educational progress of their child.

III. HOW DO CONSULTING TEACHER-RESOURCE TEACHERS PROVIDE SERVICE TO STUDENTS ELIGIBLE FOR SPECIAL EDUCATION SERVICES?

Once an eligible student has been referred to a CT-RT, the first step is the determination of the student's specific area of difficulty. The CT-RT then helps the teacher specify an instructional objective which tells where the student should be. The next step involves the development and implementation of a teaching/learning procedure which will assure that the student will achieve the instructional objective, and finally the CT-RT and the classroom teacher evaluate the teaching/learning procedure to determine its effectiveness.

A student is eligible for special education provided by a CT-RT when the following criteria are met:

1. The student's teacher refers him to the CT-RT. This referral must include a statement indicating deficits in language, mathematics, and/or social behaviors, and a statement signed by the teacher indicating that the referred student has a need for special education services; and
2. Measured levels of language, mathematics, and/or social behaviors which the referring teacher has indicated as deficit must deviate from minimum objectives.
3. Parental approval for special services is secured through a letter of informed consent.

When a student has been referred for special education services because of a deficit in language, mathematics or social behaviors, the CT-RT helps the teacher to assess the student's entry level for the referred target behavior(s). A student's entry level for a referred problem is his skill mastery in that target area. The entry level represents all of the previous learning that a student can demonstrate at the time of entry level measurement that is related to the referral problem. Examples of entry levels for a student might be the number of complete sentences in a writing sample, the accuracy with which a set of decimal multiplication problems is completed, or the number of blanks correctly filled in on a job application form.

Information for measuring a student's entry level can come from a variety of sources. Standardized tests can often provide us with general information concerning a referred student's entry level. Standardized

tests, however, do not typically provide specific information that can be used to help the teacher specify his instructional objectives or develop an appropriate teaching/learning procedure. The best way to measure a student's entry level is for the subject area teacher to sample the student's work performance in the classroom.

The CT-RT and the subject area teacher next specify an instructional objective for the referred student which is based on the information derived from the entry level measurement. An instructional objective is a description of what an individual should be able to do at the conclusion of an instructional sequence. An instructional objective should not be confused with a description of the teaching/learning process or a description of desirable teacher behavior. The instructional objective is a description of what the learner will be like after successfully completing the learning sequence.

When the instructional objective has been specified, the next step is to develop an appropriate teaching/learning procedure so that the student can achieve the objective. According to learning theory, there are four basic principles of learning that are involved in developing and implementing teaching/learning procedures so that the referred student may move from his entry level to the level specified in the instructional objectives. These four principles are reinforcement, scheduling of reinforcement, the shaping of new behavior, and the effects of antecedent stimuli.

The final step involves the objective evaluation of the teaching/learning procedures. The measurement procedures developed as part of the teaching/learning sequence serve as the basis for evaluation. Most teachers prefer to summarize their measurements in the form of graphs. A graph is an excellent tool for summarizing such measures.

Evaluation is a very important step in the teaching/learning process and should go on continually rather than being a one time occurrence.